A SURGEON REMEMBERS

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A Surgeon Remembers

by

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PROLOGUE

Conscience, said Hamlet, doth make cowards of us all. How true that is most of us know, often to our shame. But does not conscience also sometimes make brave men and women of us, inspiring us with unaccustomed courage and resolve to carry out something that, but for the still, small voice, would have remained undone? Indeed, conscience is the problem-poser-in-chief of life, complicating affairs that, if we were the superbly rational animals we claim to be, would cause us no qualms at all.

In the work of the doctor, conscience is always cropping up with doubts, accusations, and promptings, often at the most inconvenient times. That is why medicine can never be an exact science providing unique answers for any and every question with which it may be called upon to deal. In medicine, human being is dealing with human being, and there is always that rise and fall of tension which the contact of two personalities involves. And this factor often makes a case much more difficult or perplexing than it appears from an examination of the material facts alone.

Of course, the doctor has a whole code of rules to guide his conscience. There is the whole corpus of medical etiquette which hedges him in—and, behind, a vigilant Authority is always on the look-out to see that its subtleties are observed and ready to take toll of those who

break the rules. The doctor is the servant of two masters: the science of medicine and the praxis of the profession—the ethical code. Yet even these are not sufficient. Often he stands on the borderline and neither science nor ethics can give him a clear lead. Then, like everyone else in a delicate situation, he has to rely on his own conscience to guide him; and afterwards, it may be, especially when the results have not been quite so happy as could have been desired, there are pangs and self-searchings. These things are not recorded in the cold, synoptic records of the casebooks, but frequently they provide the doctor with some of his deepest and most disturbing experiences.

A patient comes to you suffering from a condition so clear-cut and typical that any advanced medical student could recognize it at once from the textbook descriptions, even if he had never seen such a case before in the flesh. Yet at the back of your mind you are uneasy. Science—reason—tell you that the treatment for this case is so-and-so, and that when this treatment is applied the chances of success are as high as ninety-five per cent, or more. No one could blame you if you followed the rules and gave that treatment. Yet the doubt remains. You have a 'hunch' that underneath there is something else. So against all the accepted canons, perhaps, you operate on a case where strictly medical measures seem sufficient. It may be that the operation reveals that hidden something which your intuition warned you about; and if so, you can congratulate yourself and the patient. But if the patient dies—what then? What does your conscience have to say on the subject? There are hours of haunting doubt; memories of the case keep cropping up at awkward moments. Might not that patient be alive today?

And then there are the cases for which medical science, for all its rich resources, has as yet no real remedy. Caution

and common sense warn you not to make bad worse. Yet there is a remote chance that if one essays that rare and difficult operation, with its admittedly high mortality rate, one might prolong a human life for a few months or save a life that is already doomed to much pain and suffering. It is a question of conscience: of weighing this against that, of trying to find the worth of apparently irrational impulses.

Sometimes the dilemma is scientific—the value of this or that treatment, but more often it is ethical. Sometimes one feels tempted deliberately to deceive the patient to secure some desired end. At other times psychological factors come into play, as when the patient's personality or individual circumstances lead one to do something that one's rational judgement condemns.

If cases of this kind are exceptional, that does not mean that they are extremely rare. In the course of a year's work one will be lucky if one does not have to face up to half a dozen or more of such problems, for which all one's knowledge and all the rules and admonitions of medical etiquette provide no sure guide. They are cases in which one stands alone with one's conscience; and, as most of us know, that is not always a very pleasant position in which to find oneself. Not infrequently, too, the conflict does not lie entirely within oneself, for when the decision has been made, for good or ill, there may be opposition to face from professional colleagues, from the patient's relatives and friends, even from the patient himself. It is then that one can evaluate one's own moral courage. Alas, how small it sometimes seems to be!

Yes, cases of this kind, involving an appeal to conscience, to intuition, to what we call today a 'hunch', can be serious enough in the mental and practical problems they raise; but also they have their lighter side, not without

its irony. Let a surgeon act with perfect propriety, following the most correct and approved procedures. Let his total of fatally-terminating and unsuccessful cases be so small that it is almost negligible. Let him in fact be a good surgeon. What is his reward? 'Mr. So-and-so? Oh yes, a very competent man.' That—and no more. But let him one day take a risk, perform an operation which has, at the very best, no more than a fifty-fifty chance of success, or even one that flies in defiance of all authority. Let him, I say, act in this way and pull it off—and immediately he is hailed as a genius. Students sit at his feet and patients flock to his consulting-rooms—though in point of fact his normal day-to-day work may be no better than that of a score of his colleagues.

Against this, of course, is the case where the risk is taken, and the result is unsuccessful. Such a case may ruin a life's hard work overnight. The surgeon may not have brought himself in conflict with the law, either of the land or of his own profession; the wheels of inquiry need not be set in motion. Shoulders are shrugged. 'Mr. So-and-so? Not too bad, I believe, but inclined to take risks, don't you think?' Official condemnation is not always needed to close a professional career. Yet frequently it is a chance that has to be taken, for the compelling reason that one's conscience forces one to it. Better, surely, to stand clear in one conscience than buy professional success and security at the cost of killing it for ever.

It is cases of this kind that are described in the following pages—cases, that is to say, for which no clear-cut answer was to be found either in the textbooks or the canons of professional practice. They are presented simply as examples of a type of problem which is all too common in a surgeon's work, yet which is all too rarely recognized by those who have need of a surgeon's services. Most

certainly they are not a public confession of sin, as some might choose to think them, or a claim that I am a bolder, better and braver man, readier to take a risk than any of my colleagues, as others might feel inclined to assert. Far from it, for, on glancing through the pages I have written, it has seemed to me that many of the doubts of which I was the victim might not have arisen had I but been a better surgeon with a firmer and wider grasp of all the principles of his profession. No; the interest in the cases I have here described lies simply in the fact that in each I had to act, chose to act, or wished to act—I desire to be precise—in some way that was not obviously in line with accepted practice, either surgical or ethical. They may, too, serve to show to those of you who go to doctors and are so quick to judge and condemn that there is more in the art and science of healing than the writing of the proper prescription or the performance of the accepted operation.

No doubt in some instances I have broken conventions in one way or another but in none have I broken the law, either of the land or my profession, and so I have occasion for neither guilt nor shame. Conventions must exist and are often wise, particularly in medicine and surgery, but, no less, conventions are often mere inertia, the momentum of the past that checks a turn in a new or unexpected direction. The history of healing, as of much else, is largely the story of those who broke the conventions of their time—and so made new conventions that, in their turn, also come to be broken.

Opinion may differ in each particular case as to which of the many conventions I may have broken. Indeed, my indiscretions—if that be the word—have little in common except that they have been, I think, small ones. Indeed, now that I come to review the whole question raised by

these cases, I am not at all sure that my greatest indiscretion does not lie in the writing of this book itself. For I have shown myself repeatedly in doubt and anxiety, unsure of the path that I should tread and that, surely, is to violate the greatest and oldest of all the conventions of professional practice, which is: Thou shalt not admit that thou knowest not what to do.

Chapter One

A NASAL OCCASION

Let us begin with the case of Trudi. It is not one, perhaps, that raises any profound problems of medical behaviour, but for all that, and for all its apparent insignificance, it was in some ways a transgression. And it shows that even when he is prompted by motives that may well seem unimpeachable, the doctor may very easily find himself on the edge of trouble.

Trudi came to this country in 1916 or 1917, a German Jewess who, despite her determination to remain in her native land, had at last been forced to flee from the Nazi persecution. Like most women refugees, she was admitted to this country on the condition that she entered domestic service, though I believe that, in her time, she had had a better position in life. So it was that, some twelve years ago, she came as cook-general and general factotum to the flat of friends of mine. That was how I met her.

No one could have said that Trudi was a woman of outstanding personality or devastating charm—far from the latter indeed. Yet she caught the eye at once and impressed herself on one's memory. For Trudi had a nose. As a plastic surgeon, I flatter myself I am an expert in noses and have seen their infinite variety more than most men. I have examined and studied and operated upon noses of all shapes and sizes. Yet I can say with complete conviction

that Trudi's was the largest nose I have ever seen. It was the sort of nose in the presence of which even Cyrano de Bergerac's might have been put out of joint.

That nose was a calamity for Trudi. It riveted the attention and one saw her merely as an attachment to it. She was, so to speak, merely a background to her nose. Whether it was fact or merely the result of suggestion, Trudi struck one as the ugliest woman in the world.

As so often happens when a woman is cursed with a cruel defect—it would barely be wrong to call it a deformity—that nose had seared itself into Trudi's personality so that it was reflected in all she did. She was careless in her dress to the point of slovenliness. She was taciturn and morose, and I cannot recall, in those days, ever having seen her smile. If her walk was not a slouch, it had nothing of grace or flexibility; one suspected that she always wore bedroom slippers, but it was not so. These were things one noticed only incidentally, however; I must repeat that while she was present in a room everything seemed dominated by that enormous, crooked nose —which, alas, was all too often decorated with a dewdrop on its prominent, drooping tip.

But Trudi had her virtues as well as these striking physical drawbacks. If she was not an enterprising cook, she was at least a competent one. She did her other work about the flat conscientiously, and she was willing. Moreover, unlike so many refugees, she did not take the first opportunity of leaving for another job as soon as the Ministry of Labour would permit it. Perhaps it was the thought of the nose that caused her to settle down as a permanency with my friends; no doubt she had long since discovered it was an immediate and crippling handicap to impressing a prospective employer.

My friends, the Hapgoods, were quite content with the

situation. They were ready to take the rough with the smooth. Here was a servant prepared to stay for good, as it seemed, and in those days, as in these, such a one was a gift from the gods themselves. Once I asked them if they did not find her general appearance of misery depressing to have in the flat every day.

Mrs. Hapgood tried to pass it off with a joke, though I realized I had been tactless.

'On the contrary, George,' she replied, 'Trudi's looks are a positive asset. She's so ugly that people can't bear to look at her. So you see, when I invite people to come here for cocktails or dinner they always find some excuse or arrange to meet us elsewhere. The thought of Trudi's nose is just too much for them. It's quite a score, isn't it? She does our work and saves us an immense amount of trouble and money.'

There was a certain amount of truth underlying this, which might have been dismissed as a strained conceit; for I knew that I myself always felt vaguely uneasy when Trudi was in the room, waiting at table or handing round the coffee; and as for my wife, she found Trudi's appearance and manner physically depressing. Her acceptance of the Hapgoods' invitations demanded a degree of courage that she found increasingly difficult to attain.

This, then, was Trudi: an individual one thought of as simply an attachment to a nose; a being, in fact, one could hardly dignify by the name of woman.

The war came, and Trudi stayed on. Domestic servants became rarer than ever, but though 'poaching' other people's maids became almost a national sport with some women, none cast an envious eye at Trudi. Then indeed were the Hapgoods repaid for their kindness and tolerance towards a girl whom most would not have suffered so

patiently. In her way, Trudi showed she appreciated it. They had done their best for her; she returned loyalty.

For myself, I saw quite enough of Trudi on my not very frequent visits to the Hapgoods' flat, but chance was to throw me more closely in contact with her; and so it came about that Trudi, from being a merely unattractive incidental to a friend's household, found her way into my casebook and now into these pages.

The war had ended, and overseas travel was again possible. My wife arranged to visit her parents in Australia and to take the children to introduce them to their grandparents. I had some engagements to fulfil in the United States, which did not mature till some time after my wife's departure. The plan was, therefore, that I should stay in England for the time being, go to America, and then fly on to Australia, across the Pacific, to join her. Meanwhile we let our house furnished, and I had to find accommodation elsewhere.

It so happened that, at almost exactly the same time, Mrs. Hapgood went away for a long holiday, and John Hapgood was also left on his own to recapture the joys of a bachelor existence. He invited me to share his flat with him. I agreed at once, for it seemed to me an admirable plan. At least there would be Trudi to look after us. Accommodation of the right kind was more than difficult to obtain, and in any event I had dreaded the idea of being among and at the mercy of strangers.

In a very short time I was settled in my new home, congratulating myself on my good fortune. I had, however, overlooked one thing: the force of Trudi's constant presence. Through having grown accustomed to a house, I had forgotten that in a modern flat there is very little escape from its other occupants and that to the flat-dweller the very idea of privacy is practically dead.

Day by day, Trudi forced herself more and more into my consciousness. Everywhere I looked, she seemed to be there. Nor was it merely sight that told me of her presence. At these close quarters I found that she was a victim of the irritating habit of sniffing. Absorbed in a book, I would suddenly become aware of that dreadful sound; looking up, my eyes would encounter that drab figure with that horrible nose.

Then, as never before, I admired the patience and tolerance of my friends the Hapgoods. After a week of the daily vision of Trudi and the daily torture by sniffing, I began to loathe the whole idea of returning at the end of my day's work to the flat. I thought of seeking other accommodation, but dismissed the idea. By the time I had found it, it would probably be time for me to leave for America; and, above all, to back out in that way would undoubtedly offend John Hapgood, who, in a thousand ways, had shown himself a very good friend of mine.

Moreover, I had nothing to complain of about Trudi—except that she was always there. Her service was excellent—of that there could be no doubt; one could not have wished for a better or more conscientious maid. And when I say 'always there', that is the literal truth. Because of her unfortunate personality, the result of that deformed nose, she appeared to have no friends whatsoever and she also seemed to fear going out. On her time off she would remain in the flat. No, there was no escape from Trudi.

At that time I was very busy preparing for my departure abroad. I had a book to finish and also notes to prepare for the lectures that I was being asked to give in America. So it happened that often I would sit up late at my typewriter or with my books. That has long been a habit of mine.

This led to fresh experiences of Trudi, who had a kind heart behind her repellent exterior. Every night, before retiring, she would bring me some simple refreshment to sustain me during my late hours. Sometimes it was a cup of coffee, at other times tea or cocoa; and perhaps with it a sandwich or cake or biscuits. It was a kindly thought. Yet I came to dread the sound of the sniff that heralded the depositing of the cup upon the desk at which I worked. At that hour—it was usually about eleven or eleven-thirty—tired from her day's labours, Trudi looked even worse than she did during the day.

I hated myself for the distaste I felt for her. It was wrong—unhuman—utterly despicable, when she was so kind and thoughtful. Yet I could not suppress the thoughts. Rapidly she was becoming an obsession for me. She was a troll from the legend of her native Germany. She was a monstrosity out of some medieval Bestiary. I had no word fully to describe the feeling akin to physical nausea that swept over me the instant she entered the room.

Crisis came one Monday morning. I had no early appointments at Harley Street, but later I had to go to a small, efficient nursing-home on the outskirts of London, which I frequently visited, to perform an operation. It happened to be a nose correction, and that very fact may have been the unconscious stimulus of the extraordinary line of conduct on which I subsequently embarked. After breakfast I had a good two hours before I need set off, and I spent them at the typewriter finishing off some notes that I had been unable to complete the evening before.

Trudi knew I was to leave about eleven. Promptly at ten-forty-five she appeared with the inevitable hot drink. I should have been grateful for the thought, if not for the coffee, which I rarely take at that hour. Instead, something seemed to snap inside me. There was no peace here.

I couldn't stand the sight of that nose any longer. Trudi ceased to exist for the moment; I saw only a nose that was an aesthetic outrage to God, man, and beast. Then and there I decided that the whole situation was impossible.

'Trudi,' I said firmly, 'go to your room and put on your outdoor things.'

Normally she had the most wooden expression it is possible to imagine; no matter what one said to her, her features remained fixed. But this time she was startled into a show of complete surprise.

'But . . .' she began.

'No. Don't argue. Go and get ready, you're coming with me in the car.'

'But why, sir?' she stammered, completely thrown off her balance.

'Never mind. I'll tell you later.'

She did not argue further. With a return to her normal docility, she went away. In ten minutes she was back, dressed in a plain coat that looked as though it had been merely thrown on and a hat that emphasized that terrible nose of hers. If I had had any doubts of the propriety of what I had decided to do, the sight of that nose projecting from beneath that ugly hat would have dispelled them. But I had no doubts. What I was going to do was, as the English Prayer Book says, meet, right, and my bounden duty.

I settled her in the car and the journey began. She remained silent, and my feelings were still so high that I did not choose to speak. But when I had cooled a little I realized that my conduct called for some sort of explanation—in fact, for two sets of explanations: one to Trudi and one, later, to John Hapgood, for spiriting away his only servant.

'Listen, Trudi,' I said, 'I am going to operate on your nose. It's an outrage that any woman should have to suffer from such a disfigurement. There's nothing to worry about. Everything is ready at the hospital. In a week or so you won't know yourself. It will be the beginning of a new life for you.'

'Yes, sir,' she said submissively.

And then a remarkable thing happened. Trudi, the stolid, the emotionless, the graven image of diabolical ugliness, burst into tears. She sobbed as though her heart would break. I could not imagine for a moment that her grief was over the nose she was about to lose. I can only guess that it was the effect of being spoken to like that, of having a comment made on her nose, when it had for so long been taken for granted and ignored.

It was no pretence when I had said that everything was ready at the hospital. The case to which I was going was that of a Danish sailor whose nose had been broken in an accident. The damage was so great that extensive reconstruction was necessary, involving taking bone and cartilage from another part of his body. I knew that when I arrived at the nursing-home the theatre would be prepared, the anaesthetist waiting, and all arrangements made. It was, as I have said, a very efficient place.

As soon as I reached the home I upset their whole programme. The operation on the Dane was to be postponed; I had, I told the Matron, brought another case with me which I wanted to do first. It was a nasal correction, however, so the preparations made would serve. And a small ward would have to be got ready for the patient.

Naturally, she looked a little surprised at these instructions, which she found difficult to understand. Trudi's was not an emergency case; it could have waited

a day, two days, a week, a month. But my inner thought was that this had to be done immediately. It had been postponed far too long as it was; and it had to be completed while the white fire was still burning within me.

I have said that it was the largest nose I had ever seen; naturally, therefore, it was also the largest nose on which I had ever operated, and I must confess that there was one brief moment when I wondered if I should ever come to the end of the excess tissue that had to be excised. But in the end it was done, and Trudi was taken away to the private room that had been prepared for her.

Now it was over I felt calmer. It was as though some long pent-up urge had at last been released and the accumulated pressure dispersed. Until that had been done, I do not think I could have brought myself to tackle the case of the Danish sailor, to attend whom I had made my journey to the nursing home.

While the theatre was being prepared again a thought struck me. I had removed an immense amount of cartilage from Trudi's nose, and it was perfectly healthy. Why not use it to reconstruct the Dane's nose and thus save the complication of obtaining tissues from his own body? For a minute or two I considered it and then decided it could be done. There was more than enough. . . . Trudi's disfigurement might confer a boon on an injured man.

Both operations turned out complete successes, but since this is Trudi's story I will first dismiss the Dane. He was delighted with his nose, and looked on me as a miracle-worker when I told him that I had found it possible to carry out the reconstruction without robbing him of cartilage from elsewhere in his body. I did not tell him how it had been done, and he did not press me for information. He was a fine, blond man. A Nazi would

have admired him as a typical example of the supreme Nordic race, exhibiting all its physical virtues. But that same Nazi would have been horrified if he had known that the man's nose had been rebuilt with cartilage taken from a Jewish refugee. . . . Luckily, the Danes never indulged in such ridiculous thoughts and theories.

That evening I had the task of explaining to John Hapgood how it had come about that he was without a maid in his flat. He listened to my story with growing astonishment and at the end of it slapped his knee.

'You're utterly fantastic, George,' he said. 'One of these days these sudden plans of yours will get you into trouble. And in any case, what you've done raises fresh problems, doesn't it?'

'Probably,' I replied, 'but I wonder what particular ones you're thinking of.'

'The immediate practical ones,' he returned. 'In the first place, who's going to pay for all this? I know you won't charge for the operation—obviously you couldn't in the circumstances, seeing that it was your idea. But she'll be—how long—a week?—in the nursing-home and what I know of nursing-homes doesn't suggest they're charitable institutions.'

'That's soon settled,' I said. 'As you say, I started it and I take all the responsibilities. You leave that to me.'

He sighed. 'You'll never be a rich man,' he remarked sadly, his instincts as a business man completely outraged.

'Perhaps not. What else were you thinking of?' I asked.

'What are we going to do for food? I'm no cook and, frankly, I can't imagine you are either.'

'I can make a very fine piece of toast,' I protested. 'But

the need won't arise. You can come out and dine with me.'

He sighed again, but accepted my invitation. During the course of our meal he suddenly burst out laughing, though we had been unusually silent, and I glanced at him in surprise.

'It's Trudi,' he said, chuckling. 'The whole thing's ridiculous. There she's been for years with that nose of hers, and now you suddenly whisk her away and operate on it without giving her the chance to say "no". Well, it'll make a good story. I'm anxious to see the results.'

In three days Trudi was back at the flat. I had intended to fetch her in the car, but she forestalled me. In point of fact, I was just about to set out from my consulting-rooms to collect her when a telephone message came through that she had left the nursing-home. At any rate she had suffered no ill effects in health as the result of the operation.

There could be no doubt of the success of the operation. Trudi had cast aside not only her nose but also the personality with which it had saddled her. She was an entirely different woman from what she had been during the twelve years or so we had known her in England. First of all we noticed it in her manner. She became almost jaunty and animated. Her walk had a spring in it. She did not appear as a personified sniff at one's elbow, but came into a room boldly as though challenging attention.

In a little while, when she had become used to the surprising new notion that she was a normal woman with some pretensions to good looks, she began to cast aside her dowdiness. Now she wore smarter clothes. Make-up started to appear. Sometimes, seeing her about the flat,

I myself wondered whether this was indeed the same woman. . . .

Her habits changed, too. No longer in her free time did she retire to her room with a book or her sewing-basket. She went out, and from the care she devoted to her appearance on these occasions it was clear that she did not spend those evenings alone. Indeed, one evening when we returned, we surprised Trudi saying goodbye to a presentable man in the forecourt of the flats. It was a rather warm and intimate goodbye. This, indeed, was a new development, and I allowed myself to be self-congratulatory on my success.

Perhaps any and all of these things might have been foreseen, for the psychological effect of a plastic correction for a gross disfigurement such as Trudi's nose is frequently so great as to amount practically to the substitution of a new personality for the old. The shy person becomes self-confident, the timid aggressive, the wall-flower a breaker of hearts, once the deformity-inspired inferiority feeling is banished. Sometimes the patient needs a little coaxing and mild psychological treatment before the full benefit can be reached, but in many cases, as in Trudi's, the improvement is as spontaneous as it is astonishing.

But there was one development that certainly I did not foresee—nor, I fancy, did John or his wife. I did not learn of it until after I returned from my overseas trip. Of course, the first thing I inquired about on seeing the Hapgoods was how Trudi was getting on. Mrs. Hapgood gave me a wry smile.

'I didn't know her when I returned,' she said. 'You did a good job, George. But I'm not sure that I'm grateful to you.'

'Oh!' I exclaimed. 'But why? Did you like that monstrosity about the place?'

She shook her head. 'Not a bit. Often I was on the point of dismissing her, because I felt I couldn't stand it any longer, but I told myself it was silly. Now, of course, the boot is on the other foot.'

'How do you mean?' I asked.

'Trudi's going to America. She's got relations out there, you know, but up to now she hasn't had the courage to face them. Now, thanks to you, she's fixed everything up. All her papers are ready and its just a matter of waiting for a passage. So you see, George, your inspired pity for a fellow-creature's deformity has lost us a very good maid.'

She spoke severely, even bitingly, but her eyes twinkled. I know Paula Hapgood well; she can never resist having a thrust at anyone when she gets the chance. And I knew then, as she afterwards confessed, that she really was not in the least displeased at Trudi's acquisition of a positive personality.

But before she went there was an interlude that has since provided my wife with her favourite story, which she never tires of telling to her own disadvantage.

When she returned from Australia, she was faced with the formidable task of restoring our house to its accustomed order after the tenants had left. John Hapgood suggested that Trudi might assist, and I gladly accepted. As a little experiment, however, I merely told my wife that a friend had kindly offered to lend us his maid, and the woman would be along to see her the next day.

Trudi duly reported—a very smart Trudi, made up in good taste and dressed with a certain distinction. My wife was impressed, but she did not recognize this self-possessed woman as the erstwhile possessor of the nose. It was only after talking to her for a quarter of an hour or more that

my wife began to experience a sense of familiarity. At last she voiced it.

'But haven't I seen you somewhere?' she asked, puzzled. 'I seem to recognize your voice.'

Trudi laughed. 'Yes, madam,' she said. 'I'm Trudi. You can see what a lot the doctor has done for me.'

As my wife points out, she is a wise woman who can recognize her husband's handiwork. That she did not do so is, however, one of the best compliments I have ever received.

Before she left for America, Trudi came to say goodbye to me.

'I want to thank you again, doctor,' she said sincerely, 'for what you did for me.'

'I'm very glad it's been so successful, and you're satisfied,' I returned. 'After all, you might have been thoroughly annoyed about the whole business—I mean the way it was done. I just swept you off and never even asked your permission.'

She smiled. It was a very attractive smile.

'That was the only way it would ever have got done,' she said. 'If you'd talked to me about it, I should never have consented. I was so miserable and fed up with life then that often I only wanted to sit down and die.'

'And now?'

She laughed. 'I've got everything to live for. You see, really I'm only just beginning to live. That's why I'm going to America. I hate leaving the Hapgoods, they've always been so kind to me. But now I'm a new person I want to get into entirely new surroundings.'

'Well, I wish you luck,' I said, shaking her hand.

And the latest news to reach me showed that she had indeed had luck. The erstwhile cook-general in London at thirty shillings a week is now a cook in her own right at

the princely salary of eighty dollars a week—roughly a thousand pounds a year. In the house where she works she has what is virtually a private suite of her own, and in the kitchen she has every possible assistance to save her from the menial tasks that should not be performed by a cook . . . Further, she wrote to Mrs. Hapgood, she is having a good time socially—parties, trips, shows, and, she hints, an impending proposal of marriage which she will probably accept.

The wheel had truly turned rapidly for Trudi. The despised had become the sought-after. No more dramatic change of fortune could be imagined.

This was a case with a happy ending for all concerned, and it may well be asked what there is questionable about it. An operation was needed to make this woman into a normal human being, and that operation was duly performed and had a successful result. It seems, in fact, a strange example to select for the purpose of this book. For all that, it is riddled with indiscretions—if you like the word—some of which come near to being something worse. The case shows, in fact, how fine is the dividing line between the permissible and the doubtful, and also emphasizes the fact that one must not in medicine take the view that the end wholly justifies the means.

If one insisted on the most strict observance of all the niceties of medical etiquette, one might well dismiss this case as a flagrant contravention. To start with, I was never consulted by the patient before the operation; I never examined her to establish the facts of her condition and particularly to discover whether she was fit for surgical treatment. So far from those proper procedures, I had borne the patient away by *force majeure*—in the first place without even mentioning the object of my abduction—and virtually thrust her onto an operating table

without obtaining from her or her relatives permission to operate.

If anything had gone wrong—if, for example, she had turned out to be suffering from some advanced physical disease that a proper examination would have revealed and given an absolute bar to operating, and my conduct had led to her death—then indeed these points would rightly have been made against me. That was, indeed, a very grave risk that I took, acting as I did, and the recital of the objections and their possible danger reveals how unwise is the surgeon who allows impulse to have free rein. And of course there would always be that argument that 'operation was not necessary to save life or alleviate suffering', the parrot-cry (if I may be allowed to call it that) which is inevitably raised against plastic surgery.

But here there is an answer which to me is convincing not only in Trudi's case but in others, many others, that are commonplace to plastic surgeons. The girl was in an extremely bad psychological state. I had lived in the same flat with her, and of that I could have no doubt; and I believed then and still believe that not only would an operation relieve her condition, but also that an operation was the only means of doing so. There is suffering of the mind as well as of the body, and it is one of the achievements of modern science that it recognizes each to be as important as the other. Trudi had lost all hope in life and faith in herself. Indeed, before she left for America she told me she had had no wish but to die. So it might be argued that this was an emergency operation for which permission need not be sought.

These are subtle points of a kind that is best left for the medical jurists to debate. The issue here is not so much whether the operation was necessary in itself but whether the somewhat drastic method I adopted of, as a friend put

it on hearing the story, 'leading the lamb to the slaughter' went beyond the bounds of all reason and propriety. Certainly it left more than a little to be desired, if only because it involved that risk that she might be an unsuitable patient for surgery.

Now there are moments when risks must be avoided at all costs, others when they must be faced with open eyes, and every surgeon's life is spent largely in striking a balance between the justifiable risk and the unjustifiable. This is one of those problems to the solution of which all the wisdom of the textbooks and the journals of the learned societies, all the rules of medical etiquette, provide in themselves no complete guide. Such questions are the ones which each surgeon must solve for himself in each individual case, and the way in which he deals with them is far more a true indication of his worth than his dexterity with the knife itself.

If anyone should assert that it is not for a surgeon to take risks, then he condemns all surgery. If he says that the justifiable risk is only that which past recorded experience has shown to give this or that percentage of successful cases, then he denies the possibility of progress. No, this question of risk is one which every surgeon has to solve for himself according to his lights, and he has always to be on his guard against over-confidence. It is so easy to say after having taken a risk and won success that a similar risk in the future is automatically justified.

That is an entirely wrong-headed view which I think no reputable surgeon would uphold. For, if it was a correct one, it would mean simply that every time I saw a young woman with a gross facial disfigurement and obviously suffering from psychological disturbance as a result of it, I should be justified in hustling her into my car, thrusting her on an operating-table, and performing the operation I

thought met the case. That I refuse to believe. What I do believe is that if I, or anyone, followed so fantastic a course as that, his career could be summed up in those words which the R.A.F. used so expressively during the war: 'There's no future in it'.

Chapter Two

TO RISK—OR NOT TO RISK?

Even in these days of refined technique and advanced knowledge it would be very wrong to say that there was any surgical operation to which some risk did not attach. Obviously any interference with the delicate balance of the human system carries with it some sort of danger, however remote. In very, very many cases, of course, the surgeon can dismiss the thought of danger since it is so small as to be negligible; in other cases he must admit that risk exists, and strike a balance between it and the probable gains.

It is here that he comes up against some of the most troubling of all his problems. Temperament and the personal circumstances of each case play a vital part in the decision and must weight judgement. Perhaps no two people in the world, given an identical set of conditions, would agree exactly on what is and what is not a justifiable risk; and yet it is precisely the ability to decide this issue that can make or break a surgeon. Indeed, in these days of widespread technical proficiency, it is not too much to say that it is ability to make hair-line decisions on this ever-present problem of risk that distinguishes the good surgeon from the bad one. Making such judgements can be a nightmare indeed.

Let me illustrate all this by a case—a single case that I

may well count among my unconventionalities, a case that brings out, as none other within my own experience, all the many cross-currents and complications that bear upon such problems. To me it remains, and will ever so, I believe, a particularly distressing memory because the life of a young child was involved.

From the point of view of the strictest medical ethics, my first connexion with this case was, I suppose, irregular—which alone qualifies it for inclusion in these confessions. The young patient was not introduced to me by her doctor or seen at a hospital. Chance, and chance alone, brought it to my notice.

It happened in this way. I had been having a very busy period when the days seemed all to short for the amount of work I had to do and when the time spent in obtaining necessary sleep and rest was begrudged. A friend of mine, noticing that I looked rather tired and depressed, and knowing the reason, took me in hand and insisted that I should spend a week-end with him at the delightful little house he owns in the country—a place which my wife and I have often visited and of which we retain many happy memories. The rush was beginning to ease off at the time he spoke to me, and I did not require much persuasion. I was tired, and I readily admitted it; and I was also quite ready to prescribe for myself the period of relaxation that I so often have to prescribe to patients in these pressing times.

When I drove the car up to the charming house I had no thought of professional matters. The place, with its gay white walls up which wistaria climbed, and the small beflowered garden, looked to me a haven of refuge from the cares of the world, a place where I might forget for a while importunate patients and the bright lights of the operating theatre.

On that first Saturday afternoon and evening that feeling of peace intensified. My host was kindness itself and adroitly steered the conversation into other channels whenever it showed signs of touching on professional matters. Yet it was he who introduced me to the case.

On the Sunday morning we were walking in the garden, admiring the flowers and revelling in the warm May sunshine, when he looked at me with a serious expression.

'Do you remember the Holts, George?' he asked suddenly.

'The Holts?' I repeated. 'The name seems vaguely familiar, but I can't say that I can recall the people.'

'There's really no reason why you should,' he remarked. 'They were here when you came down last autumn. We had a little party, you remember. They had a little girl.'

I racked my memory and then nodded. 'Of course,' I said. 'Wasn't her name Lena?'

'That's it!' he exclaimed. 'I suppose you doctors get in the habit of remembering people.'

He relapsed into silence after this quite undeserved compliment. But for the clues he had given me I should have remembered nothing.

'Why did you ask?' I inquired, after he had remained silent for some time. It seemed curious to raise a subject out of nothing like that and then abandon it.

'I shouldn't have,' he said, 'because you're here for a rest—at my suggestion. But the fact is, George, they're terribly worried. Poor Old Bertie Holt and his wife are at their wits' end, in fact.'

'I'm sorry to hear it,' I returned, wondering what it had to do with me. 'What's the matter?'

'It's Lena, the girl,' he replied gravely. 'She's terribly ill. Seen specialists and been to hospital and all that, and

now they've sent her back and say she's only got two months to live. You can imagine they're absolutely distracted.'

'What is it?'

'I really don't understand it, George,' he answered. 'I don't know much about medical matters, as you know. But I've got a sort of hunch that there's something not quite right about the treatment or advice. I was wondering . . .'

'Yes?' I prompted, already sensing what it was.

'I wondered whether you'd see Lena and help them a little. I'd do anything to help old Bertie,' he said.

I pursed my lips. I explained to him that I could hardly do that. I had not been asked by the parents or the doctor concerned to see the case, about which I knew nothing except that it was obviously very serious indeed, if what he said was true. Moreover, it might not be one on which I should feel qualified to advise. I pointed out that, if she had been to hospitals, competent attention had almost certainly been given, and I could not sit in judgement on it.

'I'm not so sure about the "competent attention",' he said, a little wryly. 'In fact, that's what's worrying me. It was only a small country hospital she was taken to.'

'I'm sorry, Harold,' I returned firmly. 'But you must see it's impossible for me to butt into a case in these circumstances.'

He argued with me, telling me to let medical etiquette go hang—an obviously impossible thing for me or any doctor to do. And in the end he forced me to a reluctant acceptance of his proposal that he should talk to Mr. Holt and ascertain if that worried father would care for me to examine his daughter. I didn't like it at all. In fact I resented it. Certainly it was not my idea of good

professional conduct; still less did I consider it a good way of having a week-end break from the cares of work.

I had expected that he would leave it at that for the time being and perhaps mention the matter casually to Mr. Holt at their next meeting. But there I was mistaken. He telephoned Mr. Holt within the next half-hour and came back to report that he would be very glad if I would go along; if I agreed, my friend Harold would motor me over that very evening. Cursing myself for a fool for having entangled myself in an unenviable and rather questionable position, I accepted the proposal.

That evening from the father's own lips I heard the story of Lena Holt; and it was a distressing story indeed, one so distressing, in fact, that it aroused my deepest interest and a desire to offer whatever help I could—not that, in the light of the facts presented to me, it seemed I could effect much or, indeed, anything at all.

Lena Holt was fourteen years of age, and, as I remembered her, a remarkably fine specimen of girlhood—active, cheerful, full of the joy of life, keen-witted. Everything pointed to her being a perfectly normal child. She had had a few of the inevitable childish ailments but had passed through them without giving anyone the slightest anxiety. She loved games, and she did well at school. It was not surprising that her parents were extremely proud of her to the point of adoration. So much I could recall for myself as soon as I met the Holts again and was able to place them in my memory. Lena had, in fact, made a very deep impression on me.

A few months earlier she had suddenly begun to complain of tiredness and her bounding interest in life dulled a little. The mother did not take very serious notice of these things; a girl of that age is often likely to show such signs. She told Lena to take as much rest as she could and not

overstrain herself, and left it at that. But there was no improvement. The tiredness became so marked that others started to notice it. So, for the first time in her life, Lena Holt had an adverse report from school; the headmistress wrote to say that she considered Lena was growing lazy and she asked Mrs. Holt to reprove her.

This naturally caused Mrs. Holt some indignation. Laziness was the last sin of which she could consider Lena guilty. But when she came to consider it she had to agree that the girl had grown remarkably lethargic. She no longer helped in simple tasks about the house unless she was asked to do so, whereas before she had always been eager to assist. Lena was accordingly sent to the doctor, who examined her, found nothing the matter with her, and prescribed a tonic.

By now her condition was beginning to depress Lena herself considerably. She took the tonic regularly, saw the doctor again, and went on taking the tonic. The only difference was that her tiredness tended to increase. At last Mr. and Mrs. Holt insisted, rather against the doctor's inclinations, on sending Lena to the hospital for a complete overhaul.

In due course she visited the hospital in the neighbouring market town, where a very thorough examination was carried out. In this she was fortunate, for the examining doctor, whose name I never discovered, left nothing to chance and allowed himself to be influenced by no prejudices or preconceptions. He took a sample of her blood and had it submitted to exhaustive tests. Such a step might well have been considered unnecessary in a case of this kind—yet it was this examination that brought out the dreadful truth.

To the doctor the results must have been an unpleasant surprise—unless his suspicions had been aroused and that

was the reason for the test; to Lena's parents they were *shattering. Lena was found to be suffering from what is* often called 'cancer of the blood', a condition which is extremely grave and to which the technical name leukaemia is given.

'Leukaemia' means simply 'white blood', and it is a vivid description of the condition. As most people know, there are three main constituents of blood: the plasma or fluid part, the red cells which nourish the body, and the white cells, or leucocytes, which act as guards by destroying or attempting to destroy invading germs of disease. These white cells have their origin in the marrow of the bones and the spleen, and when there are too many being produced the condition of leukaemia is created. In a normal person's blood the count of the white cells is round about four to five thousand per cubic millimetre, but in leukaemia it may go up and up and may amount to two hundred thousand or even more.

Now this is a very dangerous state of affairs indeed. The more white cells there are in the blood, the fewer red cells there must be, for the volume of blood is constant within certain limits. And as the white cells increase in number and the red cells decrease, the body begins to starve. The red cells carry the essential oxygen and food products to the structures of the body, and if there are not enough of them, the whole system must eventually collapse from lack of nutrition. Rather fancifully, one might say that a person suffering from leukaemia is like a country in which there are too many non-productive soldiers with no war to fight and too few essential food distributors; a disastrous lack of balance.

Medical science has the answer nowadays for many problems that a few years ago were dismissed as hopeless. But for leukaemia there is no known remedy. It is simply

slow death. The bones, owing to the accumulation of white cells in the marrow, begin to swell and the sufferer acquires a whiteness reminiscent of acute anaemia, but beyond that there are few distinctive signs or symptoms. Here is a condition, in fact, in which doctors have to admit defeat.

Gravely, and at times with a catch in his voice, Mr. Holt related these facts. He presented them so well that I obtained the impression that he had thought long and deeply over the affair, as indeed he must have, so that everything the doctors had told him had been indelibly printed on his memory. For a layman's account it was one of the most detailed I have ever heard.

'Of course she was seen by specialists,' he said gloomily, 'but they did nothing to give us the slightest hope. Now they've sent her back here saying the case is hopeless, and when I pressed them, they said she had perhaps two months to live. Two months!' He was on the verge of tears. 'And all they recommend is that we make her as comfortable and as happy as we can for those two months. Tell me, Mr. Sava, is it really as hopeless as that?'

His gesture of weary despair, coming from a man who, as I could see, was not normally demonstrative, impressed me vividly. He might himself have been under sentence of death.

'On what you've told me,' I replied seriously, 'I'm afraid I've got to agree that the case seems hopeless. I know it sounds hard, but I think you want the truth.'

'But isn't it possible,' he asked desperately, 'that they may be mistaken and it might be something else—something you can deal with?'

How often have I heard that wild appeal, the expression of a last despairing hope? And how often is it merely an

illusion in these days of accurate diagnosis! Yet occasionally it happens that an error has been made. Greatly affected as I was by his deep distress, I agreed to examine Lena.

The examination only confirmed what her father had told me. There were already some signs of swelling in the bones, which indicated that the count of white cells was becoming dangerously high. When I had finished, and I was back in his library, Mr. Holt looked at me.

'Well, doctor?' he said. 'Is there no hope?'

The tone of his voice told me that he had already read my thoughts and knew what my answer must be.

'I can see nothing that would justify my challenging the diagnosis,' I replied with a shake of the head. 'My own examination—just a physical one—confirms it, I'm afraid, and the other doctors have the laboratory reports to go on. It would be criminal to raise any hope in you.'

He gulped. 'Thank you, doctor—thank you for your frankness,' he said in a low voice. 'But—but,' he added, 'sometimes there's a remote chance—some drastic treatment that most doctors haven't the courage to adopt. If there is, Mr. Sava, I beg you—I implore you on my knees if necessary—to do it. Anything, if there's a chance of saving her life.'

'I wish there was,' I replied. 'If there was anything, I would at least discuss it with you. But there is nothing.'

As soon as I possibly could, I took my leave. It was a humiliating position to be in, thus to confess that medical science could merely stand by while a young life slowly ebbed away into death. I could not get the girl out of my mind, and I lay awake some time recalling every detail of the case. Of course I should never have allowed myself to be drawn into it; a false diagnosis of leukaemia was not at all likely to have been made. But the vision of the white-

faced child and of the heartbroken parents would not be dismissed. I remembered Lena as I had first seen her, so full of the joy of youth, so ambitious to live. It was a harrowing picture.

The case was still with me when I entered my consulting-room the next morning, and it so happened that my first appointment had been cancelled, so I had no immediate matters to obscure it. And as I turned it over in my mind a sudden thought came to me. I turned to my files and took out a recent issue of one of the medical journals. Yes, I was right. There was a brief abstract of a paper that had been published in France dealing with a new and highly experimental technique that had been applied with some degree of success to cases of leukaemia. Thoughtfully, I laid the journal aside. The details there were brief and extremely cautious; there might be nothing in it at all. But at lunch time I went to the medical library and was fortunate enough to obtain a copy of the original paper in French, which I studied closely.

Here was a problem indeed. I was haunted by the thought of the child condemned to death, and that last desperate appeal of her father—any chance, he had pleaded, no matter how remote. Well, here was a chance—how remote I did not know. All I knew of the treatment was that it involved injection with a special, recently developed substance, and that the author of the paper claimed significant success. So far as I could discover, no one in this country had any experience at all of the treatment, and the paper might be over-optimistic, as first accounts of new methods sometimes are.

At first I dismissed the risks as far too great; one does not lightly adopt new and highly experimental procedures. But in the end I felt it was only right to discuss it with Mr. Holt. I telephoned him at his office—he had given me

his number—and asked him if he could come to see me before he left for home.

As soon as he entered my consulting-room I half regretted my action, for I could see that the mere fact of my having telephoned had raised new hopes in his breast.

'What is it?' he asked. 'Have you thought of something?'

In cold, impersonal tones, I put the situation to him. 'Here is something that might—mark you, I emphasize that "might"—prolong Lena's life for a little while. Let us put it no higher than that and admit even that is very, very problematical. I have no experience of it at all, and none of my colleagues in this country has. The French doctor admits that the injections cause considerable pain—remember that, Mr. Holt. The problem is: is the risk worth taking? Would you feel happy or satisfied if you knew that all we had done was to cause Lena pain she need not have felt and she died in spite of it all?'

He clenched and unclenched his hands in an agony of doubt. I could sympathize with him. In fact I accused myself of cowardice for not having faced the dilemma on my own. It was for me, as a doctor, to weigh up the pros and cons and not try to shift the responsibility for a dubious course onto a layman's shoulders.

'It's a horrible question,' he said at last. 'I—I don't know.'

'Perhaps you'll think it over,' I suggested.

'No,' he returned firmly. 'No. I'm in that state when the more I think the more undecided I get over this business.'

'Then let me make a proposal,' I said. 'My position in this case is a little irregular. It's true you asked me to examine the girl, but I did so without reference to your own doctor, who is still attending Lena, I believe. He ought to be told. I suggest that I write to him, telling

him that you consulted me on the suggestion of a friend, and putting this treatment to him. He can then consider it, discuss it with you, and perhaps then we can make a decision.'

He nodded slowly. 'Yes. Perhaps that's the best course, doctor,' he said slowly. 'I agree to it.' I could sympathize with his attitude, for he was following me in hoping that someone else could make a trying decision for him.

I stayed late—and kept my long-suffering secretary with me to assist—in order to draft the letter, which I knew would prove difficult. Of the doctor I knew nothing —whether he was young or old, progressive or conservative, one who was eager to try new paths or preferred to cling to the safe, established ways. Yet the composition of that letter cleared my mind. It was now made up. It seemed to me that the treatment should be tried. As things were, Lena had no chance at all of life; she was dying before her parents' eyes. If there was one chance in a million, it ought to be taken. Should it fail, no difference would have been made to an outcome that, as things were, was inevitable. But if the long shot came off, a great deal of good would have been done.

The last pillar-box collection had already been made by the time the final form had been written, and the letter was left till the next morning, when I re-read it. The night had brought no doubts; on the contrary, it had strengthened my conviction that the course I proposed had something at least to recommend it. I sealed the envelope without the slightest misgiving, and wondered how long it would be before I had an answer.

Two days elapsed before the post brought a letter addressed in an unfamiliar hand. But the postmark was that of the town near which the Holts lived, and I eagerly tore open the envelope. As I cast my eyes rapidly over the

handwritten lines I drew a deep breath. This was not at all encouraging.

Almost in the first paragraph I detected a note of hostility—no doubt for the roundabout way by which I had come into the case. The writer pointed out that the patient had been examined by specialists, who were named, and whose authority could not be disputed. Then followed what was, in effect, a complete rejection of my arguments and my suggestions. Stress was laid on the fact that the injection-treatments were no more than experimental and their value had not been even remotely proved. The claims rested entirely on the experience of their originator and had not been tested out by other practitioners. The doctor took the view that the chance of success was so extremely remote that it was not worth taking, that the end would be death in any event, and that it would be inhuman to inflict unnecessary suffering to no good purpose. The argument was that it would be more than regrettable to recommend the experiment to Mr. and Mrs. Holt, for no parents could be expected to agree to submitting their child to the certainty of pain from which no ultimate benefit would accrue. That, indeed, was a key point of the thesis: the injections meant pain; without them, the patient could be made comfortable and allowed to sink painlessly into eternal sleep.

I admit that the letter staggered me. More than that, it roused my anger. The doctor was entitled to his own opinion, though it might be diametrically opposed to mine. And in this case, certainly, I could not claim, as I might have done in one of my own specialities, any greater experience or knowledge of the proposed treatment. His views on the purely scientific and medical problems were quite as good as mine, and I was quite ready to accept them as honest expressions of his judgement.

What riled me, however, was the reference to the parents. I am a father myself, and so could well imagine the agonies through which the Holts were going; and I knew this: that if one of my own children was stricken down with some terrible condition such as this, I would not hesitate for a moment to adopt any course that held out the faintest shadow of a hope of recovery. If the hope proved illusory, at least I could console myself that nothing had been left undone; but if, knowing that there was such a hope, I had rejected it and my child died, I should be haunted for ever afterwards by the thought that I had possibly signed a death warrant.

For the moment I laid the letter aside, feeling it would be unwise to answer it until I had had time to consider the position calmly. I felt that no arguments of mine would prevail; the refusal to consider my suggestion was complete and uncompromising. The doctor had not asked for fuller information, such as the original paper; I could not help thinking that he did not want to be convinced—an unworthy thought, no doubt, yet perhaps excusable in the circumstances. At last I was forced to the conclusion that it would be better not to argue further but write a reply maintaining my position, as I had every right to do. The final decision must rest with the parents, and it remained to be seen whose word would carry greater weight.

None the less, the argument went on. At first, Mr. Holt stood by his belief that any chance was worth taking—and now the doctor stood firmly on his rights. He would not carry out a treatment to which he was opposed. If the parents cared to send Lena to a hospital where I attended or one where the doctors would carry out my advice, that was for them to decide. If they did, he washed his hands of the case; but he reminded Mr. Holt that not one of the

specialists had so much as mentioned these experiments, and he thought that rather a significant point.

Since, at this stage, Mr. Holt's attitude appeared to be hardening in my favour, I began to look ahead a little. If the treatment was to be carried out, the less time lost the better. Accordingly I got in touch with the French laboratory manufacturing the special substance and arranged for a supply to be flown over. If the decision came my way, I should be ready for immediate action. The next day supplies arrived, together with some hitherto unpublished information that enlarged on what I had learnt. The sight of the package somehow reassured me.

The old proverb about counting one's chickens before they are hatched is doubly true of medicine. I was shortly to have that truth reimpressed upon me. For a couple of days I heard nothing from the Holts, and several times I was on the point of telephoning Mr. Holt to urge upon him the wisdom of coming to a quick decision. But I decided against doing so; to distract him further would be both unwise and unkind. He had a very difficult decision to make, as none knew better than I, and it was best to leave him to make it on his own.

My answer came a couple of days later—a letter written by Mr. Holt on his business paper; and it was not at all the letter that I had expected. It was not simply that it was a rejection of my advice; that would have been understandable, perhaps, and certainly he would have been completely entitled to do so. The terms of the letter were frigid to a degree, and the fact that it had been typed in his office like any other business communication further depressed me.

Briefly, he told me that he had, after deep thought, come to the conclusion that it would be better not to subject his daughter to any sort of experiments, and that

he felt his best course was to be guided by those who had made a special study of his daughter's condition. He thanked me for the interest I had shown in the case, and if I would send him my account he would let me have a cheque by return. . . .

In the expressive American phrase, I felt that I had been 'brushed off'. As I dropped the sheet on my desk the package that had looked so reassuring to me earlier caught my eye. It seemed to mock me now.

Of course there was nothing in the decision that I could dispute. I had left the final choice to him, as I was bound to do, and he had come out against my advice. That is something which every consultant has to face many times in the course of the year. For all that, however, I could not help feeling a little resentful on this occasion. Something more than a mere matter of the conflict of medical opinions was involved—something that could not be lightly dismissed with the promise of a cheque. And I replied, quite formally, that, of course, I accepted his decision, while regretting it, and that, in view of the way in which I had been introduced to the case, I did not propose to charge a fee.

From the Holts I heard no more. Often in the succeeding weeks I thought of the case, for somehow it had burnt itself into my mind. I would have liked to have had news of Lena, for a suffering child always moves me deeply.

A little while ago I chanced upon my friend Harold, who had first brought me into the case, an act for which, now, I could hardly feel grateful. But it was not his fault. No responsibility rested on him.

After a little general talk and inquiries I raised the subject of the Holts.

'What happened?' I asked. 'You know, of course, that they turned down my advice.'

He nodded slowly. 'Yes. I was sorry that I'd let you in for it. I always thought you might be able to do something, and it seemed plain madness to turn down your suggestions like that. There'd have been no harm in a trial, surely.'

'Well, we won't go into that,' I remarked, not being at all anxious to discuss with him the conduct of his friends. 'But how is Lena now?'

He sighed. 'So they haven't told you. I didn't suppose they would, somehow. She died—let me see, about a fortnight ago I think it was. They're terribly cut up, of course, even though they knew it had to come fairly soon. Poor old Bertie's nearly out of his mind.'

'I'm sorry,' I said. 'It's always terrible when a child dies.'

He nodded, and, a little awkwardly, changed the subject.

A busy afternoon prevented my giving any thought to the case, and it was not until the evening that I began to review it and all the problems it had involved. Its immediate impact on me had been heavy, if only for the reason I had given Harold—that the death of a child is always a profoundly shocking event. But there was something deeper even than that, something that raised fundamental problems of medical conduct and the doctor's responsibilities to his patients.

In vain I tried to persuade myself that it was futile to take the affair so seriously to heart. I had given an honest opinion. I had held out no false hopes. At no time had I minimized either the gravity of Lena's condition or the faintness of the hope in the course I had suggested. If other opinions prevailed, I had at least done all I could, and could even perhaps allow myself a little credit for having been, as it seemed, the only one consulted who

had had anything like a practical proposal to make. Nor could I reproach myself on the irregularity of my contact with the case. If my original entry into it had not been according to the strictest of rules, I had done my best to put it right by refusing to do anything behind the regular attendant's back, and had, indeed, referred my proposals to him at the earliest possible moment. Moreover, Mr. Holt had eventually taken full responsibility for calling me in for consultation, whatever his later attitude may have been.

The question here was not one of apportioning responsibility. What worried me was a matter of principle. If a doctor sees a chance, a very remote chance indeed, of saving a life that others have said is beyond hope, and that chance has behind it no conventional authority—is he right or wrong to draw attention to it? That is something that could be argued at great length, for it is one of the fundamental problems of medical practice. When does a treatment become 'safe', 'accepted', 'recognized'? To it, as to all such questions, each doctor must find in the end his own answer to fit the circumstances of the case before him. It will depend on whether the doctor is inclined to be conservative or experimental, and I think, too, the patient's outlook unconsciously helps to determine choice.

But I do not think that the major question of this kind was raised in Lena's case. The treatment was rejected not because it might not cure—it had not been suggested that it would—but because it might cause her pain that she might otherwise be spared, and that this was specially important in the case of a child. Is it suggested, then, that if she had been old, pain would not have mattered?

On these matters of life and death, of outside chances, and the problem of avoiding pain as 'unnecessary', the

doctor's task is bedevilled by all kinds of moral considerations that make judgement difficult. This is the point where the personal outlooks of doctor and patient override the purely scientific aspect. For this reason debates on euthanasia are usually embittered; and much the same state of mind arises when the new and unproved remedy is proposed, fully and fairly, for what it is: a possible, even remote, chance of saving life.

Let me here make a confession of faith. A doctor has two aims ever before him: the first is to save life when life is in danger; the second is to ameliorate or banish pain wherever he can. Often the two aims come into conflict, for it is often possible to save life only at the cost of inflicting pain. Where this conflict exists, the end of saving life is, in my opinion, of higher importance than that of ameliorating pain. Pain may pass and become but an unhappy memory, but if life passes, it passes for ever. And so I feel that where there is a chance of saving life, be it only that million to one chance, it should be accepted in all solemnity and in full recognition of the risks that are involved. If, after all, death does reap his harvest, then at least one can face one's conscience and say one did everything that lay within one's power and knowledge.

For I do know this, that if I had suppressed knowledge of an outside chance of saving a life—as I might have done, as some may even say I should have done in Lena's case—and afterwards that patient died, I should not have been able to face my conscience. The thought that I had seen a chance and refused to take it or, at least, recommend it, would have haunted me always, giving me a sense of utter unworthiness to claim any place in my profession.

Perhaps I transgressed in this case by suggesting a course that was not in accord with the established rule.

Perhaps, with no practical proof of the value of the treatment I proposed, I should have suspended judgment. I do not know for sure, though I do know which way my inclination tilts. And this I will say frankly and sincerely: that if by transgressing I save a life, no matter whose, then I shall be satisfied. But if I took my stand on the purest and strictest of rules, and as a result a life that might have been saved slipped away, then I should feel guilty of the greatest transgression of all.

Chapter Three

SPIRITS IN THE THEATRE

Looking back on the case I am now about to describe, I cannot help feeling that perhaps it was the patient, rather than the surgeon, who committed the greater transgression. For though it is true I decided, as will appear, to operate when there was little enough to indicate that I should, and so followed an intuition rather than a sober medical judgement, it is surely unconventional, to say the least, that a patient should eavesdrop on her own operation. Yet that is what happened, I am assured in all good faith; and there seems some evidence to support it.

This is talking in riddles, but some of the paradox may be explained when I say that my patient was Frances Gail, and Frances Gail was—and is—one of the leading figures among the spiritualists. By that I do not mean she is a professional medium. She refuses to accept any sort of reward for the services which she gives to other people. I have met many spiritualists and crossed swords with some of them, though I am far from dismissing the whole of their beliefs as trumpery and self-delusion; and among them I have never met anyone so completely and unaffectedly sincere and genuine in her creed as Frances Gail. If she claims to possess certain powers of mediumship,

she is no 'hot-gospeller' for any sect or faith; her belief is simply that, having been endowed with these supernatural powers of sight, it is her duty to place them at the disposal of those who wish to use them and to whom they can bring comfort or encouragement. In this, she was singularly successful.

Before I ever met her I had heard a great deal about her—and never a word to her discredit. Against her, there was no whisper of trickery; and, indeed, why should there be? She did not practise her gifts for money. It was undeniably true that very many people found, through her, great relief and even happiness when she put them 'in communication with the loved ones who had passed over'. Whether one accepts that explanation of what occurred or not (and it is not material to our purpose), she brought her friends much solace in their sadness, and anyone who can achieve that as naturally and simply as Frances Gail did is an asset to this troubled world.

One day Frances Gail complained of pain in her spine, which from then on grew steadily worse, till in time she had to give up her spiritualist activities, at any rate so far as mediumship was concerned, though, by sheer willpower, for the pain was great, she managed to keep in touch with what others were doing. She consulted doctors, but none could do anything for her.

Then, to make matters even worse, she slipped and fell on her back. This was the final calamity, for from that moment Frances Gail became a chronic invalid, able to leave her bed only on very rare occasions, and never free from the torture of constant pain. This was a shattering blow to her friends—and to many Frances Gail was the only true friend in the world, the only one capable of giving them the comfort and guidance and understanding of which they felt in need. More even than her

friends, her husband was utterly distraught. Justifiably, he was proud of his wife.

Expert medical advice was sought, for Frances Gail was not one of those rabid spiritualists who refuse all help from this material world and seek alleviation of their suffering only in the psychic sphere. But these consultations and examinations were not at all helpful. The X-rays revealed nothing wrong whatsoever. No bones were broken. There were no signs of any pressure, such as sometimes occurs after a fall like the one she had experienced. So far as surgical intervention went, there was nothing to go upon at all, and she was advised to rest in bed and to undergo a certain amount of massage and electrical treatment.

These remedies proved unavailing. Frances Gail, so long the unfailing helper of others, became incapacitated herself and dependent on her husband and a few intimate friends for all things. Now, for the first time in her life, she found herself the object of a certain amount of suspicion. Unkind people—of whom there are not a few in this world, ever ready to put the worst construction on the misfortunes of others—alleged that since she had so long imagined things and lived in what they termed a 'dream world', she was now imagining things about herself, and that if only she would adopt a realistic attitude all would be well with her. Others, who had dabbled in the dark waters of Freud, hinted that she had at last come to realize the folly of her ways, but had not the courage to renounce them, and this illness was merely an easy and unconscious method of escaping from a way of life she had come to loathe.

Events were to show that these intricate psychological theories were far wide of the truth, for the pains were certainly not psychogenic or imaginary. Nevertheless a

dangerous psychological aspect did reveal itself. Torn from the activities she loved so much, unable to fulfil any longer what she believed was a useful role in the world, she grew deeply depressed and lost the will to live. Life became a burden to her, and since, in her strong convictions of what was to come, she did not fear death, she longed to escape to the other side. A lesser woman, one not buoyed up by such genuine deep beliefs, might, in the state into which she fell, have contemplated suicide. That was not Frances Gail's way. Her time would come at the proper moment.

That was the history of her case up to the time it came to my notice. And from the very first it had for me unorthodox features. As I have said, I had heard of Frances Gail, the spiritualist; but I never for a moment connected her with the signature 'F. Gail' which apeared at the foot of a somewhat strange letter I found among my post one morning.

Cranks of all kinds write to me, as they do to everyone who has gained some sort of a footing in Harley Street. There are those who wish to sell some epoch-making, secret treatment which they say will bring thousands of pounds to those who practise it, though they are willing to dispose of it, for the benefit of humanity, for a mere hundred down, preferably in cash. There are others who inveigh lustily against all the sins of the medical profession, which are specially scarlet in Harley Street. And among the miscellaneous remainder there are always one or two practitioners of obscure, unorthodox systems who are (though they do not express themselves so brazenly) willing to pay out a substantial fee for a signature to a death certificate that will presently be inevitably required for one of their victims, and that, as unqualified people, they cannot sign themselves, much

though they would like to in order to avoid the revealing searchlight of an inquest.

The letter signed 'F. Gail' belonged to none of these familiar categories, though I at once included it among the cranks. It began by saying that the writer had recently read one of my books, lent to her by a friend, and at once she had felt in a state of *rapport* with me. Rather remarkably it went on to describe in some detail how she had seen me seated at my desk; the particulars might have been culled from the book, but I do not think so; or they may have been unconsciously supplied by a mutual friend. However that might be, their accuracy was somewhat impressive. And then came the gist of the letter: the writer had been bedridden for some months and an invalid for two years with severe and chronic pains in her abdomen and spine. The specialists she had seen—and there were several—were unanimous in saying that there was no reason for an operation. Nonetheless, she was assured in her own mind and spirit that I could help her, though if I decided otherwise she would know that her case was indeed incurable. Finally she asked for an appointment.

I admit that I was sorely tempted to refuse. In the first place, I felt strongly that if the specialists she had named in her letter had all come to the conclusion that, whatever was wrong, it was not operable, I was not at all likely to find myself in disagreement with them. In the second, the tone of the letter was, in my then ignorance of the writer, far from encouraging. A lady who claimed to have seen me at my desk, though she was living, bedridden, in the depths of the country, did not sound to me like the sort of patient I liked having; she would probably be extremely difficult.

Whether it was curiosity to see this strange writer

I do not know, but, after the first inclination to refuse, I had a sudden revulsion of feeling. Now it seemed to me that it was my duty to give her an appointment in the face of my better judgement. Both her time and mine would almost certainly be wasted, but if she was in great suffering and, for whatever reason, had acquired so much faith in me as her letter suggested, the least I could do was to gratify her wish. Accordingly I dictated a letter naming a day a week ahead, with the secret hope that she might fail to keep the engagement. If she was bedridden, it was difficult to see how she was going to make a journey which I estimated to be all of two hundred and fifty miles; and on reflection she might decide that, after all, it would be hardly worth it merely to hear me repeat what she had already been told, not once but several times, by others.

The appointment was kept with scrupulous punctuality. My receptionist had a curious expression on her face when she announced the patient.

'What's the matter?' I asked. 'You look as though something had shaken you.'

'She's arrived in an ambulance, doctor,' the girl replied. 'The attendants are standing by waiting to carry her in.'

'The deuce she has!' I exclaimed, now as much astonished as the girl. 'It's a rare experience to see an ambulance case here. You'd better have her brought in at once.'

Truly, I thought, she must have her own very pressing private reasons for wishing to consult me if she was prepared to hire an ambulance to bring her all that way. In this case, surprise followed surprise. The whole business was already beginning to acquire a dreamlike quality as though it stood outside the reality of day-to-day routine.

Yet the greatest surprise was still to come—the patient herself.

I do not know what I expected to see—perhaps some eccentric, perhaps some obvious hypochondriac for whom the ambulance and the stretcher were, so to speak, part of the stage properties. What I do know is that on very first casting eyes on Frances Gail I experienced shame, humiliation, and regret, for all that I had thought about her. Rarely have I seen a face so serene and resigned; yet she was, as I could see at a glance, in very great distress. Her eyes told me that; they held the mirror to intense torment. And her voice when she spoke completed the picture of one who, compared with most human beings, had the forbearance and fortitude of a saint.

'Good afternoon, Mr. Sava,' she said, raising her hand weakly but not attempting to sit up on the stretcher. 'It is a very great pleasure to see you at last in the flesh. Yet I feel I am on familiar ground.' She glanced about her. 'Yes, it is exactly as I have seen it on many occasions. Does that surprise you? And it's so good of you to give me an appointment. I know you must be specially busy just now. You're going abroad soon, aren't you?'

As well as I could, I tried to hide my utter astonishment at this extraordinary greeting. Her letter might have prepared me for the strange reference to having seen my consulting-room before; but few people knew of my impending visit to South America on a combined holiday and lecture tour. I let the odd experience pass without comment, but I do not feel justified in attempting to pass any judgement on it. The sceptical could find a hundred different ways of explaining it away; the believers would ascribe it to her wonderful powers of second sight. For myself, in these matters I prefer to sit firmly on the fence.

'I hope I can be of some assistance, Mrs. Gail,' I said. 'I am flattered you have so much faith in me that you were ready to make the long and tiring journey in your present condition.'

'I am sure you will be able to do something,' she said; and there was a note of certainty in her voice. The words were no mere conversational small change; she spoke as though she knew.

I smiled. And then for the first time I noticed a man standing back against the wall. Seeing me looking at him, he introduced himself as Mr. Gail.

'Mrs. Gail's husband,' he said with a charming smile. 'It is an honour, I assure you, to be called that. After all, it's a great distinction to be married to the most outstanding spiritualist in England.'

I started. Now I knew who she was. Frances Gail! It was stupid of me not to have placed her before. I looked at her a little more keenly. She was not young. Perhaps she was well past middle age. But it was difficult to say how old she was, for in some peculiar way her serenity made her face appear timeless.

'I want to be perfectly frank with you from the start,' I said, when the preliminary politenesses had subsided. 'After you've heard what I want to say, you may feel disinclined to submit yourself to the strain of an examination. I wish I could share your conviction, Mrs. Gail, that I shall be able to do something for you, but quite frankly I have very little hope. You have seen several specialists, among them men I know and respect, whose opinions I would not dream of questioning. So you see, it's unlikely that I should be able to succeed where they have failed. The only hope I can see is that in the interval since you were last examined something fresh may have developed to give us a clue to the precise nature of your

affliction. But I think I ought to say that if that is fortunately so, it will be nothing to my special credit. Luck will be with us. That's all.'

She smiled. It was a very charming smile, too.

'I think you will succeed, doctor,' she said with the same queer note of certainty. 'You will be able to operate.'

I assisted her to prepare for the examination, not caring to pay any heed to this last remark. It would be fatal to come under the influence of suggestion, and I resolved that I must proceed on the most rigorous lines. It was a very thorough examination I gave her, but at the end I did not feel much more enlightened.

'Well,' I observed, 'I can't say that I have found any definite indications for an operation. Your general condition might be due to any one of a number of things, some of which should be treated surgically and others medically. That hardly seems to me sufficient ground for making an intervention, which might only serve to show that our suspicions were wrong.'

Again she gave that sweet smile. 'You are very cautious, Mr. Sava,' she remarked; her voice was low, rich, and full. 'But I'm sure only an operation will relieve me. You see, we have tried all the medical treatments prescribed by the specialists whom you respect so much, and all have failed. So that seems to me to indicate that an operation is necessary.'

Logically, this could hardly be disputed. But it was one thing to believe that an operation was necessary; quite another, in her case, to determine what that operation should be for. Of course I could guess at several things, but guesswork is a poor foundation for surgery. We have gone far beyond the days when surgeons could barely make up their minds what they had to do before they had opened up the patient.

I stood my ground firmly, pointing out these objections. But she remained adamant, and persuasively put her own point of view, to which from time to time her husband contributed a word or two. He was obviously very fond of his wife and he watched her every movement with anxious, troubled eyes.

In the end I have to confess I was beaten. It was almost as though my own powers of judgement and decision were in some subtle way overridden by this remarkable woman's quiet forcefulness. This was no argument of words alone but a combat of personalities, and hers was the stronger. I told her that she must undergo another X-ray examination, and that if that showed any signs I would operate.

'I knew you'd agree, doctor,' she said. 'How soon could I have the operation?'

'Not for some time,' I responded. 'In a fortnight I'm flying to South America, and the length of my stay there is uncertain. It will have to wait for my return. The best thing is to leave it to me to get in touch with you when I am back.'

'But surely two weeks would be enough?' she asked persistently.

'For the operation, yes. But it would cut things too fine. At the moment I cannot definitely say that an operation would help. In any event it may be a bit problematical, and I should want to supervise the post-operative treatment closely.'

She pressed, but this time I was not to be budged. Eventually, reminding me of my promise, she asked her husband to call the stretcher-bearers from the ambulance, and she was carried away. So ended that first strange interview.

There had been little need to remind me not to forget my promise. It was already like a millstone round my

neck. The more I thought of it, the more uneasy I became, and I cursed myself for being a weak fool to give way to her persuasion. Here was I committed, to all intents and purposes, to carrying out an operation for I barely knew what. It would have been ludicrous if it had not been fraught also with danger. Again and again in the next few weeks the memory of that fantastic promise returned to me, disturbing my peace and arousing anxiety; even in far-away South America, among strange and exciting scenes, it came back to me, so that I was almost reluctant to return home.

By the time I returned to England, however, I had managed to dismiss it from my mind, and nothing in those first few busy days of picking up again the threads of my practice served to remind me. But this forgetfulness—which the psychologists may feel was purposive and a defence mechanism against something I did not wish to face—was not to save me. This was another of the curious features that shot this case through and through at every stage. Within less than a week of my return a trunk call came through for me, and I heard the low voice of Frances Gail. By some means or other she knew I was back. Could she come to see me the following week? Then everything came back to me with unpleasant force. I was again in the midst of a nightmare.

There was no backing out; I had given a promise and I must abide by it. My one desperate hope was that the X-rays might reveal some condition that decisively contra-indicated surgical treatment. But I knew this wish to be mere self-delusion.

So once again, the ambulance drew up at my door and two stalwart men carried in the patient on a stretcher. I stopped the procession, explaining that I had made arrangements for Mrs. Gail to be received at a small

nursing-home where the X-ray photographs could be taken and she could remain while I studied them. Thither she was taken, with a word of compliment on my foresight.

Now, on the history of the case and the opinions that had been expressed, I had not expected much of this examination. I have said that, from first to last, this was a case of surprises, and now another was in store. For if the oracle had refused to speak when the other specialists consulted it, this time it gave its message in no uncertain terms. It needed no highly trained eye to see at a glance what was the cause of Mrs. Gail's trouble. There were the characteristic signs of arthritis of the vertebrae, which, by causing pressure on the spinal cord, gave rise to the exquisite pain which she had been enduring for so long. I stared dumbfounded at the prints until I remembered that it was some time since her last X-ray examination and that now the condition had become chronic and revealed itself clearly.

If one part of my problem was solved—the diagnosis—another and more troublesome one remained. What was I to do about it? Certainly chronic arthritis of this kind can be treated surgically, but the condition and the treatment never call for any sort of optimism. Yet I had given my word that if an operable condition was demonstrated I would take the case in hand.

As soon as I had the facts I went down to the nursing-home and suggested that I should talk to Mr. Gail alone, my intention being to put the position clearly to him, stressing the difficulties and dangers. He would hear none of it. The decision would be made by his wife alone, and she would feel slighted if anything was withheld from her or any attempt was made to arrange things behind her back. It was to both of them I explained the position, indicating clearly that while I would honour my promise

if they insisted, my own judgement was that it was better to leave well alone—or rather not to run the risk of making bad worse. To my surprise she did not argue, but told me she would think it over. In view of her previous determination I wondered what this portended and almost fell into the trap of believing that I had won my point.

I was soon to be undeceived. When I visited her the next day, not only was her husband with her but also three or four close friends. She had called up the reserves. I felt as though I were facing some accusing tribunal, for they all threw in arguments designed to persuade me to operate. I was told that Frances Gail herself would hear of no other course, and that if, despite my promise, I refused, she would lose all interest in life and die; and so strange was her power that I was prepared to accept that, like the Indian fakirs, she might easily die simply by taking thought. Once again I was overborne; I could not escape my rash promise.

As the result of her long confinement to bed and her age, Frances Gail did not seem to me to be in the best possible condition, and accordingly I planned the operation originally to be the minimum required to provide relief, one involving little more than a small opening at the base of the spine. My chief doubt was how she would take the anaesthetic. If I had been more certain I might have carried out a more extensive treatment.

As it proved, she took the anaesthetic perfectly well and her reactions to it gave no cause whatever for alarm. This was one more surprise, but this time a welcome one, and I had barely begun the actual operation before, carried away by the generally favourable outlook, I played with the idea of substituting a more far-reaching procedure. This would involve the removal of the pieces of bone

that were the cause of the pressure and pain and the removal of the disks that lie between the vertebrae.

The operation was interrupted while I discussed the wisdom of this course with my assistant and the anaesthetist. The chief danger lay in the time that would be occupied; it might be as much as three hours, and the problem was whether the patient could withstand it. But the anaesthetist had no doubts on that head, and, after some argument, my assistant agreed with me that the operation itself was perfectly practicable.

What had to be done was really quite extensive. Portions of the vertebrae causing the pressure on the nerves were removed, and the intervertebral cartilage that the disease had destroyed was also completely taken away. Altogether the intervention covered no less than two and a half hours. It had been a strain on all concerned, not least on the patient, and I must confess that all three of us—the anaesthetist, my assistant, and myself—were more than relieved to find that she was still alive after this gruelling treatment.

She was much more than merely alive, too. The pulse was at a normal rate, and the respiration showed no signs of distress. When Frances Gail was taken back to her little ward we felt we had good cause to congratulate ourselves.

It was one o'clock in the afternoon when I left the nursing-home and returned, after a quick lunch, to my consulting-rooms, where, I knew, a busy afternoon awaited me. I felt that there was no need to worry about the case, and in the rush of work I put it out of my mind. I knew the staff of the home well and had confidence in their ability to handle the case. My peace of mind was not to endure long. I had not been home more than half an hour before the telephone bell rang, and I heard the voice

of the matron of the home asking me to come round urgently, as Frances Gail could not be awakened from the anaesthetic.

When I arrived, after a record-breaking journey, I found that the condition had by no means been exaggerated. Already the patient was showing the dangerous blue colour that speaks of acute distress, and she was sinking before our eyes. For all these alarming signs, there was no obvious reason for the continued state of coma. The young doctor at the home had carried out all instructions to the letter and had reported earlier that everything was as it should be. This was indeed a puzzle.

There was no time to be lost. The appropriate antidotes to the anaesthetic were applied, and a grim fight for recovery began. It was fully three hours before I felt she could be safely left. She was then resting peacefully, and the crisis seemed to be passed. From that moment she proved an ideal, responsive patient. No complications whatsoever ensued, and by the end of the week she was able to sit up for a short w' ile each day, while she kept up a constant chatter with the nurses.

It is not to be wondered at that I heaved several sighs of relief as I observed the excellent progress of the case. Up to now it had held nothing but doubts and anxieties for me, and even at the last moment, when the dangerous corner of the operation itself had been safely n gotiated, the patient had sprung a nasty surprise in refusing to return to consciousness. Now, I told myself, all would soon be finally over. In a little while she could go home, and I could allow myself to forget all about it. The only thing I would certainly remember was that I must never again make rash promises to operate, nor allow myself to fall the victim to a suggestion that had, I am sure, a certain hypnotic quality about it.

Never was I more mistaken. The capacity for imparting shocks seemed inexhaustible in all that concerned Frances Gail. I was on a visit to her and found her doing very well, when she looked at me oddly and asked if she might speak in private to me. Of course I assented and immediately I began to suspect that some new and surprising development was about to occur. Nor was I mistaken.

'Now listen to me carefully, Mr. Sava,' she said, turning her magnetic eyes full upon me. 'Of course you have done a wonderful piece of surgery, and for that you deserve every sort of congratulation. I've already thanked you for that. But there's another side to it, you know.'

'Another side?' I echoed. 'I don't quite understand.'

'I don't suppose you do,' she said quietly. 'Life isn't just simply the material body, you know. It isn't confined to Here and Now, as some people think—the majority, in fact. Our earthly lives are only an incident in our real lives.'

'I do know that is the spiritualist credo,' I returned, hoping I was not to be given a long lecture, 'but I don't see what it has to do with your operation.'

'Simply this, doctor. And take me seriously. I want you to tell me why you and your assistants worked so hard to wake me when what I wanted was to be left alone to pass on—to die as people call it, though it is really birth. It was your combined wills against mine—and yours won. You called me back when I had almost crossed.'

'It was our duty to do all we could to save your life,' I remarked colourlessly, somewhat taken aback by this outburst.

'Yes,' she nodded. 'That is the doctors' code, and I suppose in a material world it is the right one, though I know only too well how much suffering has been caused by it. But it wasn't just your drugs and your attention that

saved me, as you put it. It was the knowledge that all of you and my friends wanted me to live. I have come back at their call. I shall be better now. Don't worry, I shan't make any more attempts to escape.'

She smiled brightly, while I stared at her in blank amazement. This was simply incredible. She laughed softly at my expression, which, I admit, must have been amusing enough.

'I suppose you think I'm a silly old woman making up fairy stories, but you're mistaken, and I'll prove it to you that I knew all that was happening.' She smiled again. For all her devotion to her beliefs, she tempered them with a sense of humour—a rare gift among zealots. 'You didn't carry out the operation you first intended, did you, Mr. Sava?'

I started with astonishment. 'Well, no. But . . .'

'In fact,' she went on calmly, 'you kept my body lying there under the anaesthetic while you and the others discussed whether it was strong enough to withstand what you proposed to do. You took away some pieces of bone and some other parts that I don't recognize. I don't know much about these things. You were chiefly troubled about the anaesthetic, and you said at one stage to the anaesthetist: "Do you think she can stand up to a good three hours of it? Heart all right?" And the anaesthetist just nodded as though I was some piece of machinery and said: "She's O.K., especially considering she's no chicken any longer." Is that right?'

This time she burst out laughing at my dumbfounded expression. All this was beyond me. I could think of no explanation for it at all. But she tried to give me one.

'You're probably thinking I've been doing a little judicious pumping of the nurses. Well, I haven't. The little doctor is as discreet as can be and has never said a word.

As for the nurses, I always steer them off talking about the operation.'

'They wouldn't know much, anyway,' I said slowly, thinking how queer it all was. 'The theatre staff doesn't come into the wards here.'

'Good. That's a point in my favour. But I shouldn't want to talk about it with them. Having seen it all, I don't want any more.'

'Seen it all?' I gasped incredulously. 'But—but you were held under deep anaesthesia the whole time—two and a half hours.'

She nodded. 'My body was. My material body, that is to say. But I—the real I—wasn't in that body. My astral body was up above trying to get away, you see, but you were still the stronger, and it couldn't get far, so I had to remain there looking down on what you were doing and listening to what you were saying. And that, believe it or not, doctor, is what often happens during operations. When you put a patient under anaesthesia you release the astral body from the material body; that's why it can't feel pain any more. But it's still tied, and it has to go back as soon as you put back normal conditions. I fought against it. That's why I wouldn't waken. I didn't want to go back to all that misery.'

'It's beyond me,' I said, shaking my head.

'One day these things will be as commonplace as the anatomy of the body,' she went on, a little wearily. 'It's really not so incredible. Scientists take for granted much more unbelievable things when they talk about the atom and so on. After all, no one's ever seen an atom, have they?'

'No. That's true.'

A little while later I went away. Her conversation had shocked me profoundly, and I could not make head or tail

of the affair. She had not spoken to anyone, apart from myself and the resident doctor, who had had any direct experience of the operation; and even if she had partially come to during the operation (which she had not) she would not have been in any state to make sense of what was said, still less to memorize it. Yet she had quoted words which, so far as my recollection went, were a verbatim report.

Now I am not going to be betrayed into expressing a judgement on psychic phenomena. Able scientists who have investigated some of its phenomena under the strictest conditions are themselves unable to come to any definite decision. Of course everyone knows that certain mediums claiming occult powers have been exposed for trickery, and it is probable that a fair amount of such deluding of credulous people has occurred—and still occurs. But because some mediums are fakes it does not necessarily follow that all are, any more than the existence of some quacks condemns the whole medical profession. In any case, to try to make out that Frances Gail had resorted to some elaborate trickery to discover what had gone on in the theatre while she was under the anaesthetic would have been simply ridiculous.

One explanation, an obvious one, is telepathy, which today is accepted as a fact by many research workers. It was possible that she had read my thoughts and so gained her knowledge. Here again there could be no truth. It was inexplicable, and only a fool would rush in with some glib 'explanation' that was really no more than an explaining away. And on the other hand, if one could find no scientific reason for the incident, it was equally true that one did not have to accept the spiritualists' theories. Because certain things happen that are not within the purview of modern physical science we are not bound to jump at once

to conclusions about astral bodies and disembodied spirits, ectoplasm and all the rest.

It was a disturbing experience on which, as I have said before, I cannot and do not express any opinion. I know that it impressed me deeply at the time. But what impressed me more was Frances Gail's attitude. She was sure of these things in her own mind. To her, the spiritualist explanation was the only tenable one. Whatever she knew, she believed without the slightest doubt she had seen and heard through the agency of her astral double during its temporary absence from her material body. It was as inevitable, in her view, to accept that as fact, as it was for the modern physical scientist to take as proven that electricity is a transport of electrons from place to place, or for a doctor to regard as fundamental that certain diseases are caused by micro-organisms invading the human system.

But there was none of the rabid missionary about her. She expected that intelligent people would respect her beliefs just as she was prepared to extend a similar tolerance to others whose beliefs might be at total variance with hers. When I said I could not understand it, she did not immediately try to lecture me and convert me to her way of thinking. On the contrary, she took it for granted that I, as a doctor, would not look beyond what she called the material body for explanations. It was this balanced outlook that was one of the chief sources of her strength, and now I could easily believe that she had brought much comfort and help to very many people. The power of sincerity is one of the most convincing in the world.

This chapter is not a discussion on spiritualism and so here, perhaps, we had better leave the subject. But I do not regret having introduced it. This business of knowing what had happened was one of the most remarkable features of a wholly remarkable case.

After that conversation, a link of friendship was forged between us. We found we could discuss with great freedom a vast range of subjects, for she was a well-informed and widely read woman with a retentive memory, and she was quite ready to quote authorities against herself. Hers was a personality that always yielded some new aspect for exploration. For this reason my visits to her, during the post-operative phase, were often longer than they should have been, and I made myself late for subsequent appointments.

She had lost now all her unwillingness to live. She took the view that she had been ordained to survive through my efforts and the will of her friends, and so to struggle further against her destiny would have been to outrage all she held sacred. In fact, she demonstrated a will to live that was the direct antithesis of her former attitude, and was of great strength. This helped her recovery enormously, for, as every doctor knows, this psychological factor, so little understood (though no doubt Frances Gail has perfectly clearcut views on the matter), is of immense importance, and can, indeed, sometimes make the difference between the successful and the unsuccessful outcome of a case.

Her strength increased noticeably day by day, and she told me happily that now, at last after all this time, she was free from pain.

'It's good to be alive again,' she said sincerely, 'and I owe it to you, Mr. Sava, in a very special sense. It's not only your skill as a surgeon but also your determination to make me live that have worked the miracle.'

I acknowledged this handsome compliment as best as I could, though I pointed out that a number of competent surgeons could have performed the operation with as much success as I, once the X-rays had shown the root of the trouble.

She shook her head.

'That's not quite true, doctor, though I don't expect you to agree with me,' she remarked seriously. 'On the point of technical skill I wouldn't dispute what you say for a single moment. I've no doubt that there are quite a few highly competent surgeons in this country. My point is that there is some special *rapport* between us, and it was that alone which pulled me through.'

'I don't feel qualified to argue that,' I returned.

'No. I don't suppose you do,' she smiled. 'In fact, I don't suppose you would want to go into that side of it. But it is true all the same. I was aware of it before I had ever set eyes on you. You stepped out of the pages of that book you wrote, and I could see you and hear you just as well as I do at this moment.'

I murmured vaguely. If she liked to think that, she could do so. For myself, I preferred to pin my faith on the resources of modern medical science.

For a little while longer she remained in the home taking special electrical treatment in an attempt to bring her long inactive muscles back to normal mobility. Then she went home, where she was placed under a physiotherapist, who gave her regular massage and exercises in order that she might benefit to the full from the results of the operation.

From time to time she wrote to me—pleasant, friendly letters that gave reports of her progress which gratified me, though at times they seemed to me a little fulsome and over-optimistic, especially when she began to speak of her recovery as 'complete'. As I saw it, it was unlikely that at her age, and bearing in mind how long she had suffered, there could ever be a full return to normality. It was a cordial enough correspondence, but I never expected to see her again.

But five months later the unexpected happened. I had been operating all the morning, and on returning to my consulting-rooms after lunch was told that my first patient was waiting to see me. The name escaped me, and I nodded, my thoughts far away. A few minutes later I went along myself to the waiting-room after glancing at my appointments book. 'Mrs. F. Gail' the entry said. So she had returned. As I opened the door I fully expected to see, if not a stretcher, at any rate someone propped up in a chair and with a couple of stout sticks near at hand for support.

For a moment I glanced round the room wondering where my patient was. A tall, well-dressed lady in late middle-age rose to greet me and bestowed on me a beaming smile while she held out her hand. I checked the impulse to start back in astonishment.

'Mrs. Gail!' I exclaimed. 'Well, I certainly did not expect to see you like this after so short a time.'

'Nor did I,' she returned with a happy laugh. 'But it's true, as you see. But you shouldn't show so much surprise at your own success, Mr. S.—a—it doesn't look at all well.' Her gentle eyes danced.

'Let me help you,' I said, putting myself quickly at her side as we moved towards my consulting-rooms.

'No—please,' she put in quickly. 'I prefer to go by myself. It gives me a sense of importance.'

And well it might. For she was walking: a little slowly it is true, but quite easily and with no more support than a very light walking stick. To say that I was astounded is to put it mildly; I was thunderstruck. It was difficult indeed to imagine that this smart woman with a confident manner was the same who, so short a while ago, had been carried into my rooms on a stretcher and had held in her eyes an expression of unendurable agony.

For a little while she stayed with me, chatting and laughing in the most natural way in the world, telling me of her plans to recommence her spiritualistic work, and write a book on the subject. If ever a man had cause for self-congratulation, it was I at that moment. But I held myself in check. This was no ordinary case. It was a miracle, a case in which all probability had been set aside, and the longest of odds had come off. In fact, at that moment, with this almost unbelievable cure in front of my eyes, I was sorely tempted to accept wholely and without reserve her own theory of the battle of wills between her astral body on the one hand and her friends and myself on the other.

It is a year, as I write, since that astonishing visit, and only a few days ago I had a letter from Mrs. Gail—a letter that recalled all the vivid details of the case to my mind and determined its inclusion in these pages as an example of a transgression that paid handsome dividends in success. That letter was from an obviously happy and contented woman, one who was not merely glad to be alive but who also was determined to go on living and make the most of it.

'. . . I fancy,' she wrote, 'I see further improvement in myself every day, but that, no doubt, is due to my imagination for the simple reason that I have now got to a stage when further improvement seems impossible. By that I mean I can now walk quite easily and for quite a little while without making myself tired. I was never a very good walker, and I do not think I ever did better than I do now. Just occasionally I have a slight twinge of pain, as you said I might, but it is nothing much, and in comparison with what I used to endure day in, day out, for month after month, absolutely insignificant. From the moment I returned home I have never looked back, and

there has been no relapse or recurrence of any kind. I remember your saying, when I saw you a few months ago, that my recovery then was a miracle, so what you would say about me now I do not know. But I cannot look on it as a miracle, for surely a miracle is something that happens against all the laws of nature—the laws that are generally accepted and those which still remain obscure except to a few of us at present. My blessed recovery has not come about in that way. It shows what can be achieved when great material skill, such as yours, is allied to psychic forces, but I cannot expect you to believe that. But I am getting on my hobby-horse now, and so it is better to say no more . . .'

Well, as I say, I prefer to keep an open mind about the 'psychic forces' of her beliefs. But I do think that those beliefs played some part—and no small one at that—in effecting this remarkable recovery. As she was when she first came to me, racked by pain, her physical condition low, the very nature of her condition obscure, she held out little promise of being a favourable case, the more so as she had relapsed into a psychology of defeat. It was her special point of view that changed that psychology into one of victory and inspired her with the will to pull through.

If it can be numbered among my more remarkable successes, this case does not leave me feeling entirely happy, for it was unorthodox from the very start, and at every stage I seemed to transgress at least one rule of good practice. Most glaring of all was that promise to operate, which I so rashly, yet firmly, made. It was inspired not by any true belief that I could effect any improvement by surgical intervention; in fact all the data supported the contention of the other specialists that no operation was called for—and an unnecessary operation is, in any event,

an unworthy thing, and in the case of a woman in her state an invitation to disaster. Yet I gave the promise, prompted by nothing tangible, except perhaps the belief that, if I made it, it would do a little to rebuild her lost hope and infuse her with some confidence in a better future.

Luck supported that promise. Her condition had become recognizable between the time I made it and the time of her final X-ray examination. But he is a poor surgeon who places any reliance on luck, for to do so implies the taking of chances that cannot be justified, the wagering of a human life; and that is a transgression indeed.

The discussion in the theatre was also, perhaps, not in accordance with the finest principles. It meant that the patient was being held unnecessarily under the anaesthetic, and it was her ability to withstand its continuance that was one of the points at issue.

Over and above points of principle there are features of this case which cannot but fill the surgeon with alarm. It is indeed a disquieting thought that, if Mrs. Gail is correct in her beliefs, every time one operates one's activities are under observation from the patient's astral body hovering overhead. This is a conception that must surely prevent any surgeon from ever becoming a spiritualist of the true faith. I cannot accept it. I will not accept it. If I did, I am sure that, in the end, I should cease to practise surgery. Not until I am old and have retired from active work shall I devote myself to the study of this fascinating but frightening possibility.

Chapter Four

ITALIAN TEMPERAMENT

The universally accepted fact that psychology and the general mental outlook can sometimes play a decisive part in determining the final outcome of medical treatment of all kinds is well brought out in the case of Frances Gail, which I have just described. But it has its dangers as well as its advantages, and often it is a nice point for the surgeon to decide how much he shall reveal and what promises he shall make to a patient to produce the best possible frame of mind. For that reason he has to weigh up the temperament of every individual who consults him with as much care as he studies the signs and symptoms of the condition.

There is a belief that the doctor should exude optimism and give the impression that all is for the best and the resources of present-day medical science, in its widest sense, inexhaustible and infallible. I can think of nothing fraught with greater danger. The patient who has been led to believe that an operation is going to cure him completely of his affliction, whatever it may be, is destined to receive a severe shock if he learns that the intervention has not been quite the success hoped for, and the unpleasant realization that he will not be the perfect human being he anticipated may well check recovery or even, in some cases, induce a relapse.

On the other hand, overestimating the dangers and doubts will in most cases cause depression, and the patient may either refuse to undergo the operation that would bring him considerable relief or, if he does agree, have a feeling of apprehension and pessimism that is far from helpful. Extremes either way are to be avoided.

So much is easy to say, less easy to put into daily practice. What, in fact, constitutes an extreme? The temperament of the individual doctor will have a lot to do with the answer he makes to that question, but a still greater influence will be the temperament of the patient himself. There are some who genuinely wish to know everything, to have every detail, every risk, explained to them, and who have the necessary courage and serenity to face all with open eyes. But there are others, and they are probably in the majority, for whom knowledge of this kind would be terrible. These are the difficult problems. How much—or how little—should one tell?

In this respect what the patient says is not always a sure guide; one has to rely on more subtle indications of true character. 'I want you to be perfectly frank with me, doctor—tell me the whole truth.' That is what so many say after the examination is over; but how much belief one places in the statement will depend on, perhaps, the look in the eyes, the way in which the words are spoken, a dozen different little indications. From some patients, the phrase is an invitation for reassurance, for soothing words of hope to banish a long-established and ingrained fear. From others, the phrases may mean precisely what they say. In between are many variations —for example, the man who feels that your carefully expressed sanguine hopes are a calculated attempt to hide a terrible truth, the woman who is convinced that

when you speak of a slight scar remaining you mean that she will be disfigured for life. The surgeon's consulting-room brings out many queer aspects of the human personality.

Some dread the mere thought of an operation, however trivial it may be. Others are anxious to be operated upon in any event, no matter whether it is necessary or not. Still others fear the mere mention of certain diseases (of which cancer is the chief) which they are convinced are really incurable, in spite of all the doctor says and knows, and which they regard as passports to death.

All the time the doctor has to exercise his knowledge of human nature in general and his personal estimate of the individual; and he calls on all the data that his experience has given him. One of the best guides, I find, is nationality. The northern races, in the main, prefer the facts, either naked or clothed only in a little optimism. The more emotional southerners are more apt to be disturbed and scared by realistic discussions. But of course this is no infallible rule. I have known Italians far more phlegmatic than many English people who prided themselves on their ability to face facts.

It was knowledge of the Italian temperament—mercurial, explosive, highly charged—that led me into transgressions against some of the fundamental laws—transgressions that I committed deliberately and in the full knowledge of what they were, since I wholeheartedly believed that only in that way could the patient be given any sort of relief. To some, my course may appear one of calculated deception; others—the majority, I hope—may have a less harsh description for it.

Ideally, I suppose, and according to the strictest rules, one should not obtain permission to operate without disclosing, in as gentle a way as possible, the nature of the

condition for which the operation is to be made. Still less should one disguise a major intervention as a minor one. These were the rules I broke deliberately, for I felt that no other course was open to me; and I still believe that, but for an unhappy sequence of events, the outcome would have been satisfactory, even though it was a case of incurable disease.

The patient was an Italian woman, Lisa Tortoni, and a very fine specimen of her sex. She was thirty-five, in fine general health, and with the tough constitution that comes of a life spent in hard work. Years before, when she had been only a child, her entire family had come from Italy to this country, and, after the manner of their race, had climbed from nothing to modest success in the restaurant business. Their story was typical of most Italian emigrants; and Lisa's personal one differed from most only in that she had not married and raised a family.

Lisa did not have much to do with doctors, to whom she went only when all else failed; and when she began to suffer from pains in her chest she did not trouble unduly. They would go, she decided; God would be good to her. But despite her faith the pains increased, and eventually she yielded to the entreaties of her family to consult the local doctor. His chief discovery was that the pain increased when he gently pressed her breasts.

Now pain in a woman's breasts—and especially small lumps—are often a signal of serious danger and should never be neglected. The doctor did the wise and obvious thing in sending her to the hospital for a more thorough examination than he could give. A little alarmed now, Lisa attended the hospital and was seen by a young house-surgeon. He was a competent young man, whose suspicions were instantly aroused, but he did not know —or if he knew he did not give full weight to—the

excitability of the Latin temperament; nor did he know that Lisa had it in excess.

What he advised was perfectly correct; it was his abruptness of approach that caused the trouble. He told Lisa she should have a small operation on her breasts in order to find out precisely what was the matter with her. It was really the worst thing he could have said from the psychological point of view.

Immediately Lisa became violently agitated to the point of hysterics. The mere mention of the word 'operation' filled her with alarm. Weeping copiously, her teeth chattering, she fled from the hospital, leaving the house-surgeon in complete bewilderment. Nor was the effect on her merely transitory, for she refused to see anyone or to discuss her pain even with members of her own family.

Such a state of affairs could not go on indefinitely, and at last the increase in pain forced her to take some action. A first cousin of hers now took a hand in the proceedings. Some time earlier I had operated on this woman for appendicitis, and she had been loud in her praises, though there was nothing at all remarkable about the operation. In the end this woman persuaded Lisa to consult me; she added, as an additional recommendation, that I could speak Italian, and this, curiously enough, decided Lisa, for she felt it would make her feel easier.

Even now that so much had been gained, there were still difficulties to be overcome. When the time came for her to keep her appointment with me, nervousness overcame her, and she found herself unable to leave the house. But her relations, alarmed at the condition, were not going to let the chance slip. Instead of Lisa, her sister Maria kept the appointment, at first confusing me, for naturally I started by regarding her as the patient and asking her

questions till she provided the explanation. It was a small advance. Maria could do no more than outline the general details of the case, and medically her facts were of little value. Nevertheless, this interview did help me, for it gave me a clear indication of the fact that I had to deal with the Italian temperament at its most intense—and some years of living and practising in Italy had taught me precisely what that meant. Lisa herself was the biggest problem, no doubt; but I could see also that the family would give a firework display if I had to impart any serious or unpleasant news.

When, after these long-drawn-out preliminaries, Lisa at last came to see me, I was fully prepared. Whatever I found, I told myself, I had to say nothing. If an operation was necessary, I should have to find one way or another of getting her into hospital without telling her the full truth.

The wisdom of this plan was emphasized as soon as I had made the examination, for there could be little doubt that Lisa was the victim of cancer of the breast, as I had suspected from the moment I had been given the first details of the case; and for that condition the only conceivable remedy was the surgeon's knife.

It was a difficult situation to handle. If I talked of operations, there was likely to be a repetition of the earlier scenes, though I might count on the support of the relatives and win my point in the long run. But to breathe the word 'cancer' might be sufficient to cause complete mental collapse in Lisa, and such excitement and hysteria among the family as to create wholly unmanageable conditions.

I could see no way out but to abandon all hope of proceeding on the correct lines. The one chance was to throw orthodoxy to the winds and resort to subterfuge.

To put the matter without disguise and in the plainest terms, I had to play a trick; and involved in that trick would be not only Lisa but also the whole of her family, one or more of whom came with her on every occasion I saw her.

Even at that it was going to be difficult, for her previous visit to a hospital had so frightened her that she went in dread of the very name. But in the end, with much argument and all the powers of persuasion I possessed, I managed to get her to agree to enter the hospital. There had to be an examination, I explained vaguely—X-rays and so on. And I hinted, very obscurely, that to save her from every possible chance of discomfort it might be necessary to give her a little anaesthetic . . . That was a test point, and her violent reaction to the suggestion—the flood of tears, the half-screaming voice, the wildly gesticulating arms and shoulders—was a vivid indication of what would have happened had I mentioned the phrase 'major operation'.

So she was admitted to the hospital, and I planned the case as carefully as I could. First of all, to confirm the diagnosis I had already made in my own mind, I was going to make a small exploratory operation. It was hardly necessary, but I wished to make sure that the need for the major intervention was unanswerable, in view of the course I had to pursue. There was no doubt about it. Lisa had cancer of the breast, and she had left it so long untreated that she would have to lose the whole of the organ.

Earlier I had played with the idea, as a sop to my conscience, that I might, if this first operation proved my case, take the family at least into my confidence before I carried out the operation proper. I even thought that I might include Lisa in the careful little explanation

I should prepare. There could be no thought of that now. On Lisa the word 'cancer' would induce a shock that would make it practically impossible to operate for some time—and it was pressing that the operation should be performed as soon as possible. On the family the information would have an effect only slightly less; they would argue, shed tears, demand this, that, and the other—including the moon——

Thus it was that I had to decide to carry out an extensive operation without having told either the patient or the relatives anything about it whatsoever, and without having obtained from anyone proper permission. It demanded a lot of determination to come to that conclusion, and several times I was tempted to run away from it. Yet what else could I do? By those means, and those alone, would it be possible to carry out the treatment her condition so urgently required.

Accordingly, and with inward misgivings, I retained her in hospital, saying I had to make another examination. By now the truth about the exploratory operation had leaked out, and the family had become suspicious of me and, I think, a little hostile. But I braved it out, and reminded them that, whatever I did, it was designed for Lisa's ultimate benefit.

The operation involved no special difficulties, since removal of entire breast for cancer is, unfortunately, a not infrequent procedure in the operating theatre. It was only just in time, and there might be doubts about that. If the case had been left a little longer, the disease would have spread uncontrollably, and then the operation would have been barely worth while. I remember clearly, and to my shame, that for one horrible moment I almost wished it was so, in order that I might be saved from carrying on with this policy of deception.

The breast was successfully removed, and so far the case was no different from others of the same kind I had treated. This was not the end of it. The operation had to be followed by several courses of deep X-ray treatment in order to destroy any scattered foci of infection. Radium, too, had to be employed. These treatments could not be disguised; for them there was no protecting privacy such as the operating theatre provided. But the die had been cast, and if there were unpleasant consequences to be faced with the family I would have to take them as best I might. Several courses of this treatment were required, for Lisa shared a fate common among cancer victims: her condition had been left so long that no other treatment was possible.

At first her progress was not unencouraging, and I began to have hopes. The dreaded secondary growth did not make its appearance, and I felt that all the worries and troubles that the case had caused would be worth while after all.

That opinion is unchanged. The treatment would, I firmly believe, have been as successful as the conditions would allow, neither worse nor better than the average. But it was at this point that circumstances began to complicate the issue. At this stage I had to abandon personal contact with the case, for the time had come for me to go abroad to undertake a lecture tour. Twice this had been postponed already, and it was impossible to put it off again. So far as Lisa was concerned, however, I had no special misgivings. The proper measures had been applied; her progress was satisfactory. Nothing unusual was involved, and, if I left notes of the case, any competent doctor could carry it on. There seemed no cause for undue worry.

It sometimes happens in cases of this kind that, after

a little while, the scar reopens slightly. This gives rise to no special danger if the X-ray treatment is reapplied at once. It happens fairly frequently owing to the low vitality of the cells in the area of the operation and its occurrence is familiar to every surgeon.

Before I left I had deposited my notes with a doctor friend in whom I had confided the full history of the case, and it had gratified me that he had no criticism to make of my conduct. I had told Lisa and her family that if further advice was needed they should go to this doctor, who would give her everything that I myself could give. They had appeared grateful and promised faithfully to follow my instructions.

In the event, they did nothing of the sort. Instead of going to my friend when the scar showed signs of trouble, they sought advice elsewhere. No mistake could have been more tragic, and I am still at a loss to know why they acted as they did. For the doctor concerned did not mince matters. He told them that Lisa had had cancer, and that it was a very grave thing for a surgeon to carry out an operation of that kind without first having obtained permission. More than that, it seemed, he cast doubts on the wisdom of the operation itself and the subsequent X-ray treatment. What he proposed now, instead of the X-ray treatment that my friend would have prescribed, was a course of injections, which, he said, would have cured in any event, though the damage was now done. On this he was insistent. A great chance had been lost.

All this occurred while I was still several thousand miles away. When my treatment, which was the same as any competent surgeon would have decided upon in the circumstances, was being called into question and my reputation impugned, I was entirely ignorant of what was

going on and had no opportunity either to justify my position or defend my treatment.

The effect of this statement on that volatile Italian family was, of course, immense. They stormed and raged, vowing that they would have revenge on me—revenge is dear to the Italian heart for even the slightest insult or alleged insult—and cursing the evil day they had sent Lisa to my consulting-room. In their eyes I was a butcher, a charlatan—no description was too bad for me.

More than that, they came under the spell of the injection treatment. It looked simple, and golden promises were held out to them. Now Lisa would get better and be completely cured, they felt. Now something of the wrong done to her could be put right and some recompense made to her for all her suffering. And if Lisa had lived up to their hopes, they would have been firmly convinced that it was the injections that had succeeded, and that the preceding operation had done nothing but harm.

But alas! the hopes were not fulfilled. In a few months Lisa, the woman they described as 'healthy as a horse', the woman whose appetite for hard work appeared inexhaustible, died. It was a tragic end to a tragic case.

Just about this time I returned from abroad, and one of the first things I did was to try to find out what had happened to Lisa, the cancer case I had left doing apparently well. My original intention had been to get in touch with the family and make a direct inquiry, but it so happened that the very day of my return to my consulting-rooms my doctor friend dropped in for a chat and news of my trip.

When I had gossiped with him for a little while I reminded him that we were both busy men and that I especially must settle down to work. Before he left, however, I suddenly remembered Lisa.

'Oh,' I said, 'did anything happen about that cancer case—the Italian girl—Lisa something?'

He gave me an odd glance. 'No,' he replied. 'They didn't come to me at all. The only news I had indirectly was that she was dead.'

'Dead?' I exclaimed. 'But—but . . .' I could not understand it. 'She was doing quite well when I left.'

'There was some complication or other—I don't know what,' he returned vaguely. 'But they didn't come to me. If I were you I wouldn't go to them.'

I stared at him. Obviously he was holding something back—something not at all pleasant.

'What is it?' I demanded. 'You've got something up your sleeve.'

'You'll have to know,' he sighed. 'They're out for your blood. Vowing dreadful vengeance and all that. If I were you, I wouldn't stir up trouble. I've an idea it will find you out all right.' He smiled. 'But of course I'll stand by you. What you did was—well, perhaps a bit irregular, but it was the only course. Besides, your treatment was absolutely right.'

'Thanks,' I said sincerely. 'I hope it won't come to that. I'll stay away from them.'

But if I decided to stay away from the Italians they had no intention of staying away from me. Late one afternoon my receptionist, looking a little scared, came to announce the arrival of three Italian gentlemen, who insisted on seeing me, though they had no appointment.

I sighed. 'The name is Tortoni, I expect,' I said wearily, 'and they're in a furious temper.'

The girl shook her head. 'They won't give any name,' she replied, 'but they certainly look fierce.'

'All right. You'd better bring them straight in—they

might wreck the waiting-room if I keep them waiting a few minutes. Oh, by the way, there aren't any women in the party, are there?' I added.

'No, doctor,' she answered. I heaved a sigh of relief. Enraged Italian women might easily put hell's furies to shame.

The deputation consisted of one of Lisa's brothers and two cousins. For a moment they glowered on me, and then their batteries were unmasked. The air of my room became thick with Italian sounds uttered at the top of the speakers' voices.

It was clear they meant business. It was equally clear I would have to keep my own temper under strict control, for even though the émigré Italian acquires a healthy respect for English law and order, he is not above reaching for his knife if he meets opposition when he is in the same mood as these men; to do so is second nature to him. The prospect did not appeal to me. My concern with knives is not at the business end.

The storm raged on. They called me everything they could think of by way of abuse and recrimination. I was a murderer—a quack—a worthless fee-grabber (though I had asked only a nominal fee for the case). I had offended against all the laws of God and man, and the wrath of the Almighty for taking an innocent life, as well as the punishment of man, would descend on me. If I had not interfered, Lisa would be alive—and, more, Lisa would have had her breast. Because I thought they were simple, ignorant peasant people I had tried to make Lisa a victim of a fiendish experiment. . . .

Then, as though at some command, the storm abated, and the brother stepped forward stiffly.

'We intend to take the action,' he said in clipped English. 'We have taken the advice. It is easy. You act

against the Council of the Doctors, and we report to them. It is right you make the pay for this.'

So I was being threatened with an appeal to the G.M.C. I nodded slowly.

'Gentlemen,' I said, speaking as quietly as I could and suppressing my rage by a herculean effort, 'you have said many untrue and unkind things about me. I want to ask you a question. Did I or did I not give you the name of a doctor to whom you should go if trouble came to Lisa?'

The brother, Luigi, nodded. 'Yes. He no doubt is an accomplice of yours.'

'I do not like that word,' I snapped. 'If you had gone to him your Lisa would still be alive. Be quite sure of that. I do not say she would have lived a normal span, because her case had been left far too long before you took advice about it, but at least she would have had eighteen months or two years of happy existence with you, quite free from pain.'

'We do not wish to listen to your lies,' he said fiercely.

'They are not lies. And I am going to ask you to go straight from here to see the doctor whose name I gave you. He will explain things to you—and he speaks Italian very well. Now you may go.'

They refused both to listen to my suggestion and to go. They argued. I remained firm. They began to abuse me again, but I checked it by some miracle. And then, in the end, they marched out in a body saying they would be generous and see my friend.

He told me afterwards he had a stormy interview, but at last he managed to make them see sense and admit that perhaps they were mistaken. At some length he explained what I had done and vowed that any surgeon in Harley Street or any hospital in the country would

have done the same. If I had not told them at the time, it was because I wished to spare Lisa and not frighten her at a time when she had a great ordeal to face.

My friend has a most persuasive tongue, and he speaks Italian fluently. Moreover, he has a patience and forbearance which are foreign to my nature. I am quite certain that if I had had much more to do with those Italians I would have lost my temper. But he, it appears, remained calm and unruffled, no matter how excited they got, and so it was that, when they left him, they were much mollified though not perhaps convinced.

It was indeed a disturbing case. The attitude, both of the relatives and the doctor they consulted, is difficult to understand. But I think that, at the root of the trouble, was a psychological mechanism. It was this unknown doctor who had been frank with them, who had told them the dreadful truth about Lisa's condition; and it was I who had deceived them, led them to think that nothing serious was wrong, and left them in darkness about the facts. Therefore the other was the honest, upright man while I was the disreputable one.

Yet the other's 'truth' had not saved Lisa's life, while all my evasions had been designed to ensure that she had the maximum chance of living. It had been true when I told them that if they had taken Lisa to my friend for treatment of the opened scar she would have been happy for a least another eighteen months and known no pain at all. They, surely, were the robbers, not I.

There may be some who see in this tragic case a kind of poetic justice—a grim warning that it is unwise for anyone to transgress the ethical code of the profession, as, here, I undoubtedly did and in a flagrant way. Yet I am unrepentant. There was a chance of giving this woman an added span of life, and it was the one chance

possible. The only barrier was her fear, and if that could be overcome quite a lot could be done for her. Admittedly her case was incurable in the true sense; it should have been dealt with much earlier, before the dreaded metastasis, or spread of cancer cells through the blood, had begun. In such a case surely it is better, by any means that are not immoral, to do everything to give the sufferer relief from pain and the prospect of delay in the coming of inevitable death?

I think so. I thought so at the time, and my view is unchanged despite what subsequently took place. It was a case in which the psychological factor was paramount and that had to be met by psychological means. If it has any warning at all attached to it, it is that the Italian temperament and trouble-free medical treatment cannot exist side by side.

Chapter Five

THE HANDS OF AN ARTIST

Of all the tragedies that afflict the human race none is greater than the physical injury or disability that checks or inhibits the creative spirit of the artist. It is terrible enough for a doctor to have to break the news to any human being that his case is hopeless and he must go blind—more terrible still when that human being is a painter. Then, indeed, one feels that it would be kinder and easier if it was a sentence of death that had to be pronounced. And when the victim of accident or ill-luck is young, with the promise of a brilliant career ahead, a doctor cannot but believe that no risk is too great, no chance too remote, to be taken if it holds the slightest promise of enabling that promise to be redeemed.

In theory, of course, one should not have a scale of values for patients who come to one's consulting-room. In each and every case the best that medical science can prescribe should be done. Generally this rule is applied; yet no one is perfect; and is it wrong to consider that an operation that is going, perhaps, to save a man's career or ensure his being able to continue to earn his livelihood is more important than one which has no direct bearing on either of these basic things?

In plastic surgery, as a rule, the factor of saving life or alleviating suffering does not usually arise in the most

acute form. To a woman whose life's work is the noble role of wife and mother, the removal of a disfiguring scar caused by an accident may be important for psychological reasons, but it is not entirely necessary to enable her to continue in her daily round; to an actress of some standing, the operation may make all the difference between continuing her career or untimely withdrawal. Without conscious volition, therefore, the surgeon is inclined to give a little more consideration to the latter than to the former. In the strictest code of ethics this is wrong, no doubt, but it is human and inevitable.

There is one case that I remember and number among my transgressions in which these points were raised. It presented me with a number of problems, both ethical and technical, and that is why I include it here, even though, at first sight, it may not be so obvious a transgression as some others.

Rudolph was a musician—a violinist; he was young and at that stage of development where he had reached the crossroads, one fork of which might lead simply to professional competence, the other to outstanding success. He believed sincerely that he had in him the stuff of a great artist, and he had a burning ambition to realize the talent that he was convinced lay within him. With the help of the finest professors, he took it as a matter of faith that he would climb the heights; and to obtain their help he was prepared to make any sacrifice.

Like many another born artist, he was poor; and because of that he had, in his early days, practically taught himself. That was one reason why he considered that the finest teaching available was essential to him at the time of which I write. And because he was self-taught, the path to scholarships was not so readily open to him as to more fortunately placed young men. This did not deter him.

With a grim determination, he secured a job for himself that would provide enough to afford him a bare sustenance and leave sufficient over, after that had been provided, to pay the fees of the great teacher who had been impressed by his promise and was prepared to accept him as a pupil—always assuming, of course, that the fees were paid.

I never discovered precisely what that job was, beyond the fact that it was a manual one and involved some fairly heavy labour. Like most work of this kind, it was not without its penalties and dangers; and Rudolph was one of the unfortunate ones who fell a victim to these perils.

One day he met with an accident and the principal sufferers in that accident were the members most valuable to him: his hands. There was never any question of crippling injury or lifelong disability; the accident was not serious enough for that. But the wounds were far from slight, and when they healed they left behind some nasty scars. On the left hand, the forefinger was affected; on the right hand, the palm. And here again Rudolph seems to have been made the sport of some malignant god, for if the injuries had been reversed they would not have worried him so much. It is in the fingertips of the left hand, which stop the strings, that the violinist requires the greatest sensitiveness, while slight stiffness in the palm of the right hand might imperil the execution of the subtler kinds of bowing.

Undoubtedly they were unsightly scars, and perhaps it was that which affected him so much; for truth to tell they were not nearly so crippling as he believed. Neither was thick enough to hinder the free muscular movements of hand and fingers; and the scar on the fingertip was not likely to cause more loss of sensitiveness there than the callus which most professional players of stringed instruments develop in the same place.

Rudolph was a young man of determination and high ambition, as his actions had shown. He believed in himself. And those admirable qualities were to some extent, I think, the indirect cause of what subsequently happened. He looked at those scars and felt them daily, hoping they would lessen; but they did not. In his mind's eye he saw his career slipping from his grasp, and the thought of all his sacrifices being thus thrown away alarmed him. He began to regard his disfigurements as disabilities. Depression laid its hand upon him. What was the good of going on in that state? He wished either to be outstanding or to be nothing.

The daily practice, which hitherto had been a joy to him and to which he devoted every moment he could, grew irksome. More than that, it became a mockery. His will to succeed began to falter a little and he started to persuade himself that everything had been in vain.

Nevertheless, his natural determination had not entirely left him, nor had his ambitions grown entirely cold. He had heard of the miracles that plastic surgery had effected, particularly in restoring bad war casualties to a normal existence, and he decided that there lay his one hope. Before he gave in completely, he would see what the plastic surgeons had to offer him.

Rudolph had, despite the fees he had been paying, saved a little money, with which he intended if possible to pay for a trip abroad at some future date to study under a foreign teacher. He withdrew some of this to serve his new plan. It would be better that way, he thought; hospitals were far too busy to take much interest in a case of his kind, and besides, he wanted the best treatment that money could buy. If necessary, every penny of his savings would be spent on obtaining it.

Now it is an extraordinary but comparatively common psychological state into which some patients fall that they will go to any lengths to secure specialist advice—and when they obtain it, neglect it. Perhaps, having suffered much in either mind or body or both, they acquire a conviction that the whole world is against them, and so, if the advice does not fall in with their preconceptions, they regard it as biased—or worse—deliberately misleading. Rudolph seems to have developed this attitude right at the start.

He was not content with the opinion of the first surgeon he saw; he went to another, and then another. I never discovered how many he consulted in all, but I do know, from the names he mentioned, that he had been to see specialists whose advice any normal person would have accepted unquestioningly and without further confirmation. But Rudolph would believe none of them, and he had not even a conflict of opinion to support his strange rejection of their opinions. With a unanimity that should have been utterly conv'ncing, all told him the same thing: that he need pay no attention to the scars. They were, perhaps, a little disfiguring, but they had not in any way impeded the function of the hands. Nothing he had done before, or had been capable of learning to do with his hands, should be impossible to him now.

This opinion, repeated by surgeon after surgeon, should have given him encouragement and restored his faith both in himself and in his future. But by now his mental outlook had become warped to the point of danger. He knew better than any of the surgeons who had made a study of cases such as his. He took the completely unworthy and unjustified view that either they could not be bothered to operate or they did not care because he was young, poor, and unknown. If the accident had happened

to Kreisler or Menuhin or Szigeti, of course they would have fallen over themselves in their anxiety to cure him, and he would have been whisked off to hospital and put right in a few days or weeks!

For he had made up his mind that one thing, and one thing only, would restore the powers he imagined were waning, if they had not already vanished. That was the grafting of a complete new skin on each hand. Now such an operation might—mark that I say *might*—be theoretically possible; as a practical procedure it would not be attempted, if only because its problematical advantages, in the remote event of their being any, would be more than outweighed by the practically certain dangers. If Rudolph had found a surgeon foolhardy enough to attempt it (the mere idea of there being one is fantastic) he would almost certainly have discovered that his last state was worse than his first.

The plain fact remained that no surgical operation was at all necessary. Rudolph would not believe it. With each succeeding repetition of this opinion he grew more certain that there was a conspiracy against him. No amount of reasoned argument or persuasion would convince him that what he wanted simply could not be done.

As he seemed to have planned a campaign that would, in the end, bring him to every plastic surgeon in London, it was inevitable that sooner or later he should come to me. His first visit to my consulting-rooms was, in fact, more than two years ago, when he arrived out of the blue, as it were, without any recommendation from a doctor or hospital.

It was then that I learnt the main outlines of his case, though many of the details I have already described did not emerge until later. Though I knew what he wanted was absurd, I nevertheless gave him a very thorough

examination, feeling that perhaps a demonstration of an open mind approaching his problem would give him confidence in the final opinion, which, from the first, I had no doubt would be precisely what he had heard before from so many different pairs of lips. No other conclusion was possible—or conceivable. The disablement due to the scars existed in his imagination—and there alone.

For what reason I have never discovered, however, he seems to have grafted onto his other ideas a belief that if anyone could help him I was the surgeon who could and would. Perhaps he saw in me a more amenable and impressionable temperament that would yield to pressure. I do not know. The fact remains that for eighteen months after his visit to me he bombarded me with letters that ranged from the imploring to the near-abusive. He was convinced that he was right and that I must, if I had any pretensions to being a plastic surgeon at all, come to recognize his correctness.

Naturally this protracted correspondence did nothing to alter my views on what w· necessary (which was really nothing) or on the feasibility of grafting an entire new skin on his hands. But it did have the effect, as it progressed, of causing me growing alarm. It was not what he actually said in his letters that troubled me; it was rather their tone and the frame of mind it revealed. No one studying those letters could doubt for an instant that Rudolph, once so determined and sure of himself, so capable of organizing his career, was becoming increasingly neurotic and introverted.

Towards the end of this eighteen months' correspondence his state had become serious indeed. He had abandoned practice altogether and his neurosis had imposed on his hands the lack of normal function which he believed them to have developed. But that was not the worst

part of it. He was plunged in the depths of self-pitying despair, imagining himself alone in a world which had malignantly injured him and destroyed all his hopes. Every one was an enemy. He retired more and more into himself, and his final letters consisted more of dark, ambiguous hints than anything else. He was clearly a desperate case now—a case that, if left untreated, might end in suicide.

I wanted to help him, if that were possible, but it was difficult to see what could be done by surgery, for his affliction was of the mind, not of the body. Yet it was equally clear that nothing but surgical treatment stood any chance of restoring his normal balance. This was a conclusion that brought one onto dangerous ground. For if an operation alone would heal his neurosis, then, on the facts of the case—the physical facts—that operation would be one that was utterly unnecessary. More than that, he would have to be led to agree to the operation by what was virtually a form of deceit—making him believe that it would cure a disability that did not exist. Furthermore, the case was complicated by his conviction that a complete skin graft was the one solution, so if a satisfactory procedure could be devised he would also have to be persuaded that it served the same purpose as the graft he demanded.

There were too many 'ifs' and suppositions about the whole affair, and I told myself that I was allowing my fancy too free a rein. Instead of considering, however wildly, all these fantastic aspects, the doctor in this case should devote all his efforts to convincing the patient that his illness was entirely psychological and persuading him to take psychological treatment. That was the plain and rational course. If the patient refused, nothing could be done, and he had only himself to blame.

Hard though I tried to put the matter from me, the case haunted me. I found myself thinking over it at odd moments. Memories of it would come at the most inconvenient times—when I was dining with friends or engaged in a business talk—sometimes with such force that I would become abstracted and whoever was with me would glance at me curiously, wondering—rightly—what was troubling me. For I could not altogether subscribe to the rational argument about psychological treatment I have just outlined. The point was that surgical treatment *can* be psychological treatment, and this is one of the fundamental beliefs of every practising plastic surgeon.

If only those operations which were necessary for the preservation of life or the alleviation of physical suffering were performed, there would be very, very little plastic surgery—and many thousands of people all over the world would be living in misery and mental torture. An ugly scar on the face certainly may not be a danger to life—it is unlikely that it would be. Nor does it necessarily cause even slight physical discomfort. But the possessor of it may very easily develop a frame of mind that forces him to withdraw from the world—and so the world loses someone who might be a useful citizen. The plastic surgeon who removes the scar and restores the face to normal is doing something more than an elaborate beauty treatment; he is probably giving back to the patient a personality in danger of being lost or distorted. Such cases are familiar to every plastic surgeon; I have seen very many of them in my time. If the operation has not been necessary physically, it has certainly been so psychologically; and the plastic surgeon need not be thought entirely fanciful if he sometimes regards himself as a psychologist with a knife.

So I could not let Rudolph's case go with an easy

assurance to myself that the operation was 'unnecessary' simply because it would not produce any significant physical improvement. I had come to the conclusion that it was necessary psychologically. Every fresh letter I had from him proved this to be so. He was forcing himself along the path to extreme mental imbalance, if not madness. I defy anyone, especially a doctor, to watch, unmoved, a man go mad before his eyes. Psychiatrists may not agree with this; they may contend that their own methods might induce the desired result. That may be true in certain cases. But here it seemed to me the first essential of success in psychiatric treatment was lacking: the co-operation and confidence of the patient in the treatment.

This admission that I felt an operation necessary for psychological reasons did not carry me much further, except that it eased my mind to some extent. It did not advance the case much further practically. It was one thing to decide that an operation, however seemingly ridiculous, would help; quite another to devise any sort of operation that would serve the purpose. The more I considered it from this point of view the more impossible it seemed. There was nothing to be done. I was in the position not unfamiliar to doctors—though happily not nearly so frequent today as in the past—of knowing what should be done but having to confess that the means to do it did not exist.

Now I have often found that when one is faced with a situation such as this, the answer to the problem may come unexpectedly. Sometimes, in an urgent case of life and death, it comes too late. One reads or hears of the new procedure that would have saved the life after that life is beyond saving; and then one is a victim of grim remorse. But in Rudolph's case there was no such urgency. It was

true that his mind was already somewhat unbalanced; but the delay of a few months was not likely to have any highly tragic consequences. If I could not think at that moment of something to do, if the authorities could not help me, then the only thing was to wait. Perhaps, as before, the answer might come out of the blue.

Curiously enough, the answer did come—or, rather, the pointer to the answer—when I was least expecting it and all thoughts of Rudolph and his troubles were, for the moment, far away. I had had no recent letters from him, for this occurred when I was on a visit to the United States, and only urgent or very personal letters were being sent on to me. I spent a lot of my spare time there in watching operations by American surgeons, who are so enterprising and so ready to advance along new paths, particularly in plastic surgery. Experiment is always valuable; it is the motive power of progress; and if in the end only a little of it leads to significant advance, one learns a great deal from watching it and taking part in it. Mistakes and false trails can be as informative as successes.

The particular operation I saw—the one that turned my thoughts to Rudolph—was far from being unsuccessful. It was a special treatment for thin scars that have become adherent to the underlying structures—the type of scar that does not as a rule lend itself to the more usual treatment of excision and replacement by new skin grafted onto the site. The technique is to separate the adhesions through a small incision and then to inject fat to fill out the structures under the scar. It is true that the scar still remains, but the disability is removed. On the fingertip, for example, the effect is to make a new pad and so to render the finger normal. Fairly good results were being obtained with the method, though fat injections are

something which, even today, the plastic surgeon regards with a certain amount of reserve.

At the time I did not connect this procedure with Rudolph's case, though here, it was true, was a method that might satisfy him. My experience in watching the operation had set my mind at work, and I was absorbed in thinking out variations of the technique I had just seen. Among the thoughts I had was that instead of fat a new piece of skin might be introduced underneath the scar, though leaving the original scar in position, and so give the required strength and toughness to the area. Gradually a method of doing so evolved in my mind, and I could picture each step clearly. I was so confident that I had evolved something worthwhile that I had already christened the technique, calling it a 'covered skin graft'.

Obviously, the next step would be to find a case for which the treatment was suitable and a patient who would agree to submit to what would be, in effect, an experiment in plastic surgery. No doubt such a suitable case would present itself in due course; I would have to wait, for one could not manufacture cases to order.

And then—it was on my return journey to this country—the glaringly obvious answer presented itself. Rudolph! Here was a technique that seemed specially devised to meet the needs of his peculiar case. It could do no harm; it might do an immense amount of good. And if it helped him it would also help me (and, I hoped, other plastic surgeons) by demonstrating a new procedure. I cursed myself for not having thought of him before. But it did not really matter. No valuable time had been wasted, since I could not have summoned Rudolph to America to discuss a possibility with him.

Nevertheless, now that I saw a ray of light in a case that had troubled me, I was anxious not to delay further, and

one of the first things I did on my return was to write him a letter asking him to telephone and make an appointment with me. I was out when he rang, and my secretary booked him; she told me his voice was listless, though it had occasional moments of resentfulness. He had tried to extract some information from her, but, of course, she could tell him nothing, and he had rung off with some abruptness.

There had been a very remarkable change in Rudolph during the not inconsiderable interval since I had last seen him. I thought of my secretary's description of his voice—'listless, with flashes of resentment'—and realized at once that it could be applied to his whole attitude. Before, certainly, he had been a man cast down, afraid of the future, depressed by the tricks of Fate and what he considered the gross incompetence of surgeons; but with all this there had been still a spark of hope in him. Now he was utterly defeated. More than that, he was a man with a grudge against a world that had struck him down without any reason whatsoever. I noticed, too, that he had become morbidly aware of his hands, which he tried to conceal as much as possible, as though they were deformed. He made no attempt to shake hands with me, and when, deliberately, I held out mine to him, he did not grip at all and winced slightly at the mere touch I gave him. His hands—or, rather, the scars on them—had clearly become an obsession.

I had thought that perhaps the mere fact of my having expressed a wish to see him again might have rearoused a little of his failing hopes and faith in himself. But it had not. Rather it had spurred him to resentment and suspicion.

'Why have you asked me to come here?' he demanded aggressively. 'I thought you had made up your mind nothing could be done for me.'

'I've asked you to come so that I can discuss a certain proposal with you,' I replied calmly. 'I don't know whether you're aware of it, but I've just returned from America.'

'So what?' he snapped. 'I'm not interested. All I know is that I want an operation done and you won't do it, though God knows I've begged and begged. But that's the way. When a chap's down—no matter why or how—the thing to do is to grind him a bit lower.'

'Now do be sensible,' I returned, refusing to be moved by this outburst, which was not entirely unexpected from the various signs he had given of his frame of mind. 'I haven't time to waste on anything like that. If I'd nothing to add to what I've told you before, I can assure you I shouldn't have asked you here. But it does happen that I saw something in America that set me thinking about your case—and that's what I want to talk to you about. There may be a new hope.'

'Oh!' he grunted, refusing to be impressed. It was almost as though he had swung to the opposite extreme and was now prepared to do all he could to avoid an operation. Again this would not have been an unexpected development.

'Yes,' I went on. 'I don't say we can remove those scars—I still hold that that is undesirable, if not impossible. But I have been considering a new technique, known as a concealed skin graft, and I think it will help you considerably. It will build up those thin places of which you complain and restore what you lack of the normal sense of touch.'

He looked at me under contracted brows.

'What does all this mean? I want a skin graft all over. . . .'

'I repeat that's impossible. But I think this will do all

you require. Only you've got to understand this. It is an entirely new technique—almost experimental—and so there is a certain risk of failure attached to it. You must be prepared for that. On the other hand, if all goes well, as I believe it may well do, then you may find yourself quite normal again.'

He compressed his lips. 'I understand,' he said bitterly. 'I'm hopeless, so you want to use me as a guinea-pig—is that it?'

'Don't be absurd!' I retorted with a laugh. 'I don't make guinea-pigs of my patients. But there it is,' I added indifferently. 'Take it or leave it. It's a chance, and I've offered it to you—the only chance that I can see, and you know everyone else agrees with me. It's up to you to decide.'

Any attempt to force it on him, to argue with him, or to try to 'sell' the idea, as the Americans say, would have at once antagonized him. It was better to seem to leave the decision to him entirely. In his eyes the world was his enemy; no one had his welfare in mind.

After a short pause he looked up.

'What is it you think of doing?' he asked.

As simply as I could, I told him. I do not think he understood very clearly, but he seemed impressed, and when I had finished he relapsed again into dark brooding thought. I knew what his problem was. It did not concern the operation at all, but was an effort to decide whether it was not some further evil plot to humiliate him and disable him still further.

'All right,' he said at length. 'I'll risk it. It's not what I want, but I can see I shall never get that. You're all in league on that point. The way you doctors hang together when it suits you! We'll see what happens. What do I have to do?'

With that we went on to discuss the practical details of entering a nursing-home and so forth. I say 'discuss', but it was more like a monologue on my part. Having accepted my proposal, he was not at all inclined to take any more responsibility. At the back of his mind, in the strange psychological state he had attained, was, no doubt, the thought that the more he left to me, the more he would have to reproach me with in the event of failure.

About a week later he was admitted to a small nursing-home where I frequently carry out plastic operations, and where the theatre staff are thoroughly familiar with my own methods. The sister did not seem at all impressed with my latest patient, whom she primly described as 'unco-operative to the point of offensiveness'. This was not unjustified. I believe that if he could have satisfied himself he had a reasonable excuse to back out, he would have done so. He was morose and taciturn. If the operation should succeed, it would do so in spite of him rather than through his help.

Perhaps the best way to give an idea of the operation as it was actually performed will be to deal with the treatment of the right hand, where the scar was on the palm.

Instead of excising the scar, I made an incision along one side of the hand—a slit as it were—and then freed the skin carefully from the underlying structures. Previously, a piece of skin had been taken from another part of Rudolph's body and had been prepared for grafting. Now, with the incision made, this piece of skin was very delicately slipped through the slit beneath the existing skin and scar, almost like a sheet of paper into an envelope. So that it could be pulled out perfectly smooth and with the right degree of tautness, fine threads had been attached to it and brought out through small punctures on the side of the hand remote from the incision. At last, by exercising

the greatest care and considerable manipulation, the new skin was placed in its proper position, right beneath the scar and extending for a little way all round it. On the surface, the hand was not changed, but now there was a buffer of new skin between the outer skin and the structures beneath.

The final stage came with the application of a special dressing that would hold everything firmly in place until the graft had taken—a matter on which I hoped to be able to form an opinion in a day or two.

It is always a trying time when one has performed an operation for the first time, no matter how trivial it may be, and one is waiting anxiously for the results. Until these appear clearly, one thinks of all the things that might have gone wrong, exaggerating them, and even, perhaps, inventing causes of failure that do not exist. In this case the doubts were twofold. Not only had I to wait to see the actual outcome of the operation; I had also to discover whether, even in the event of its success, it would induce the right psychological reaction in Rudolph. If it was a success, as I fully believed it would be, would the mere fact of the scars remaining on the surface be sufficient to convince him that no improvement had occurred—or, worse, that nothing at all had been done for him?

So far as the operation was concerned, I need not have worried. The results, in fact, were better than I had anticipated. Though the scar tissue remained on the surface, there was a marked toughening and strengthening of the skin all round, and there was a much greater 'paddiness' about the fingertip. This was reassuring. If Rudolph could be made to feel and recognize that 'paddiness'—that greater feeling of strength—the battle might be won.

His first impressions were clearly not at all good. He looked at his hands—and the first thing he saw was the

same old scar. He did not speak, but there was something suspiciously like tears in his eyes. I felt sorry for him at that moment. He had lived so long with those scars, hating them, believing them his most bitter enemies, that it must indeed have been a shock to see them still there, even though I had explained to him that they would not be excised.

As soon as I could do so without upsetting him, I directed his attention to the improved feel of the palm and finger, and I was pleased to notice that his expression lightened a little. He had acquired, without any physical need, a habit of protecting those scarred areas from contact with anything, but almost at once he began unconsciously to use his hands naturally. Not for long, however. The old habit returned, almost as though he had given himself away and been detected in a piece of fraud. It was an encouraging sign, though, of course, I passed no remark on it.

Clearly he was reluctant to admit that any sort of gain had been won. It was not the complete skin graft for which he had begged; the scars were still there. Yet he had to admit that his hands felt more comfortable. He began to use them more and more, and the more he did so, the more his psychological resistance broke down.

The curious thing was that the final collapse came abruptly. I saw him one day and he was still inclined to belittle the results. The next day when I visited him he was in a state of the utmost enthusiasm.

'I'm cured, doctor—I'm cured!' he kept repeating, spreading his hands out. 'I can hardly believe it. I shall be able to play again soon. I may, mayn't I?' he asked fearfully, as though it might be forbidden.

'Of course,' I replied. 'As soon as you like. I'm glad you're so pleased.'

'It's a miracle, doctor. I knew you would work it sooner or later, and you have—you have. All the same it's hard to believe after all this time. More than two years now, and all that time I've been a cripple—yes, a cripple. I couldn't use my hands at all, could I?'

This was a gross exaggeration, of course, but I shook my head slightly and non-committally. The more he was convinced that he had been cured of something quite serious, the better—from the point of view of his psychology. To argue with him now, press on him the truth—which was that he might have avoided all this trouble altogether if he had seen reason—might easily have been disastrous. Strictly speaking, the surgical side of it did not matter overmuch; it was the psychological factor that was all-important.

'I don't know how I shall ever thank you, doctor,' he went on. 'I shall stand a chance now—a chance.' He was far away, thinking of his music. 'It'll mean a lot of leeway to make up, but I can do it—I can do it with hard work, and I don't mind that. The point is that I am able to try—to try.' He smiled at me as though suddenly aware of my presence. 'I shall thank you always for this, doctor,' he said sincerely.

A few days later, satisfied that he was on the road to recovery of complete normality, I sent Rudolph home. The nursing-home staff were, I think, a little puzzled at my keeping him so long, but I did not explain. The operation was the least part of the case, and I had to make certain that it had produced the right change of mind.

Not long afterwards Rudolph wrote to me that he had resumed his violin practice and was surprised to find that he had not fallen away much from his previous standard. Indeed, he was so satisfied with what he could do and with

the state of his hands that he was going to take up his lessons again from the point at which he had left them off. My latest news is that he is doing very well. From what I hear, I do not think it is at all likely that he will ever be a Heifetz or a Menuhin; clearly he would have shown the spark of genius long before; but at any rate he will never be able to blame his failure to attain the heights on a stroke of unkind Fate. And I think, now that that passing aberration has gone, he is man enough and sane enough to face the facts of his career and talents.

That was my case of the artist's hands—a case in which, the strict may easily say, I threw overboard almost every rule of good praxis. But did I? They may say, if they wish, that that operation was unnecessary—that it made little or no difference to the state of the man's hands, not even removing a disfiguring scar—that with a little persuasion he might have been led to accept the truth. Yes, they may say all that if they wish, and they are entitled to, those who see the surgeon's knife only as an alleviator of gross physical ills.

But I do not agree. It is true that the knife did not remove a disfiguring or disabling scar—that, to all intents and purposes, the hand was the same after I had operated as it had been before—yet I maintain that the knife healed. The knife did remove a scar—but it was a psychological one, far more dangerous and deadly in its potentialities than the physical one. And on that I take my stand.

'Unnecessary!' It is almost impossible to give any hard and fast meaning to that word. There is only one necessity for the doctor—to remake, if he can, human beings that have somehow strayed into trouble, whether physical or psychological. And if, as we know today, the psychologist can banish physical ills, then do not be too hard or

censorious on the surgeon who with his knife is able to cut away psychological tangles to set free a human spirit.

If I evaluate this case by the dead rules, then, of course, I have to admit that it was a transgression, not in one thing but in many. But when I think of that young man, happy again with his violin, dreaming dreams of unattainable heights, yet ready to attempt to scale them, I am content. Surely it is better so than that a man should be scarred for ever by neurosis—and worse?

Chapter Six

NO CASE OF MINE

Originally, it was no case of mine at all. In fact, the operation was already under way before I knew anything at all about it. But I was drawn into it by circumstances right beyond my control. Indeed, I fought hard against having any connexion with it but Fate, in the guise of humanity, decreed that I had to play a part in it. And whether, in the upshot, I acted rightly or wrongly, whether I behaved unethically, I am prepared to let others judge. Let the facts speak for themselves—and let me also say, right at the outset, that I set them down without any animus, presenting them merely as an example of the strange and equivocal positions into which one may be betrayed by pure chance.

It began one morning—a Friday morning, if I remember rightly. I had an operation to perform that day, and it was a somewhat important one. That did not worry me unduly in itself, but I was rather exercised in my mind because it had been arranged for me to operate at a nursing-home which was comparatively new and with which I was unfamiliar. The staff there did not know me or my methods, nor I them; and naturally I could not help wondering how much reliance I could place upon them and what would be the measure of assistance and co-operation I should obtain.

It was a somewhat testing operation with which to make the acquaintance of a new home. The patient was a sufferer from enormously enlarged breasts, which I had undertaken to reduce to something like normal proportions, and I anticipated the intervention would occupy some three hours. More than that, there was some slight doubt about the patient's general condition and ability to withstand those hours on the table. For that reason, a very great deal would depend on the post-operative treatment, and with the best will in the world and without any desire to seem prejudiced, I could not help wishing that the operation was to be performed in one of the places where experience had taught me my instructions would be followed to the letter.

As it turned out, my not unjustifiable fears—as I like to think them—were proved groundless. In the theatre I could not have wished for a more co-operative staff. The operation went off perfectly. The patient was taken back to her ward, and I gave the fullest possible instructions as to what was to be done. When I left the home, I felt there was nothing to worry about unduly.

But during the afternoon the doubts returned, and I could not suppress them. It was one thing, I told myself, for people to do as they were told when one is with them; quite another to rely implicitly on them in one's absence. So, as there was still that small question of general condition, I resolved to finish early at my consulting-rooms and motor down to the home to reassure myself that all was going well. Perhaps I was over-cautious. Perhaps, now, I wish I had not given way to my doubts—which, again, proved quite unfounded.

To my very great relief, I found everything in perfect order. So far as following my instructions went, the staff had done everything, not merely literally but also in the

proper spirit of imaginative co-operation. The patient's condition, too, pleased me. She was recovering gradually from her deep anaesthesia without any signs of distress or potential danger. Clearly all my alarms had been groundless. Having expressed my satisfaction I decided to leave. Perhaps, in an effort to quell some sparks of disquiet in my conscience at the doubts I had had, I made my thanks a little too effusive, for I noticed the sister glanced at me with rather an odd expression. But that is by the way and has no bearing on the case.

Just as I was about to enter my car, a thought struck me. There was another case that I had thought of introducing to this home, but I had held the matter in suspense until I had had some evidence of its efficiency. Of the latter there could now be no doubt, and it therefore seemed a good idea while I was on the spot to make arrangements for the admission of this second case.

On inquiry, I was told that the matron was in the theatre, where an important operation was going on. Naturally, this roused my professional curiosity and I asked who were the surgeons concerned. I think I asked these questions almost without conscious volition, and I believe any other surgeon would have done the same thing. The names of the surgeon, his assistant, and the anaesthetist, were all familiar to me; I had met every one of them on a good many occasions, even if it might have been straining words a little to say we were on terms of friendship. At any rate, I could regard none of them as strangers.

Without further thought, I went straight to the operating theatre to find the matron. It was the natural, normal thing to do in the circumstances, and there was not the slightest sign of any resentment at my intrusion. On the contrary, all, as soon as they saw who the newcomer was,

nodded in greeting. The whole thing was so casual, so completely normal, that, at the moment, I do not suppose I could have described what happened.

My business was with the matron, and I paid little enough attention to the operation, which was well under way; but as I was talking my eyes strayed automatically to the figure lying on the table. The first thing I noticed—and for some reason it made a very vivid impression on me—was that the patient was quite a young woman. Her abdomen had been opened, and the intervention was apparently for the removal of a malignant growth.

Perhaps, when I look back on it, that was the point at which I began to go wrong. My object in going to the theatre was to talk to the matron; I had done so and made my arrangements. There, I suppose, the matter should have ended, and I should have gone on my way. But my professional interest was now thoroughly aroused. I commented on the youth of the patient, and how horrible it was that one so young should have become the victim of a malignant growth.

The surgeon looked up quickly and shook his head; and when he spoke, his voice was quite friendly.

'You're wrong, Sava,' he said, 'and I'm very glad you are. This is a case of chronic inflammation of the bowel.' And he went on to explain the procedure which he proposed to adopt. An artificial exit was to be opened temporarily in the abdomen in order to provide relief, and this, later, would be closed. It was a perfectly normal course in such cases.

Obviously all was going well. The patient was standing the operation well, and the surgeon was meeting with no unexpected difficulties. I complimented everyone on the good progress being made, and went on my way. There, so far as I was concerned, the matter was ended. On my way

home, and during the rest of the evening, I did not give that abdominal case another thought. It was not one of my worries, and I had quite enough of my own.

Altogether it had been a busy day, and when I went to bed that night I felt specially tired. Almost immediately I dropped into a deep sleep. Suddenly I awoke. For a moment or two I did not realize what was happening. Something had awakened me, but so deeply had I been sunk in sleep that I could not say what it was. But there could be no mistaking the cause as soon as I had gathered my wits about me. The telephone by my bedside was ringing. Automatically I glanced at the clock as I picked up the instrument. Two o'clock in the morning. To any doctor, a call at that hour is an ominous event; to a surgeon who has recently operated in three or four serious cases, it is almost a knell.

'Yes?' I said, and I gave my name.

The voice at the other end was vaguely familiar. It was not at all agitated, as voices in the small hours so often are, but quiet, restrained, and self-controlled.

'I'm very sorry to trouble you at this hour, doctor,' the voice said, 'but I'm afraid I'm in a terrible fix.'

'Yes,' I said vaguely, and I was about to ask who it was when I remembered the voice. The matron of the nursing-home! Instantly I was wide awake. My patient must have taken a turn for the worse, and the doubts I had had were unfortunately being realized. 'What is it?' I demanded briskly and anxiously. 'Has something happened to my patient?'

'No, Mr. Sava,' the matron replied. 'Your patient is doing extremely well. It isn't your patient at all I'm ringing about.'

'Eh,' I gasped. This was too much. It is bad enough to be disturbed at that hour when one's own case has relapsed

or an unexpected complication has occurred. But to be awakened and then to be told that it was not one of my own cases—and more than that, by a responsible matron of a nursing-home—that was too much. My temper began to rise.

'Yes, Mr. Sava,' she went on. 'I know it's irregular, but I don't know what else I can do. I want to ask urgently—to implore you—to come at once.'

'But this is ridiculous, matron,' I said brusquely. 'I don't know what you're talking about. Why should I come out at this hour, after one busy day and another in front of me, to see someone else's patient?'

'Please listen, doctor,' she pleaded. 'You remember the case that was on the table when you came to the theatre today? The girl is very seriously ill, and she needs help at once. She's been coughing very badly and I think she has burst the stitches.'

'I'm sorry to hear it,' I returned. 'Very sorry, and of course it is very serious and must be attended to at once if you're not to have a fatality on your hands. But it's no concern of mine. I couldn't step in even if I wanted to, which I don't. Haven't you rung up the surgeon concerned?'

'Yes,' she replied quickly, 'that's the whole difficulty. I can't trace him—no one can trace him. He went back to his rooms last night and then left in his car with luggage on board, and it appears he's gone away without leaving any address.'

'I see. What about his assistant?'

'They went together.'

That was probably true, I thought; they are very firm friends.

'So that's why you trouble me at this hour?' I snapped.

'Oh, please, Mr. Sava!' she implored. 'I'm desperate. I

don't know what to do, and I thought you might . . . It's urgent. Unless something is done quickly, the woman is going to die. She can't last long as she is. There's no one else I can turn to. You know a little about the case and . . .'

'That doesn't justify my butting in on it,' I retorted. 'If the surgeon goes away into the blue and leaves a case like that, that's his affair not mine. It's impossible for me to do anything.'

By this time my wife had awakened and was sitting up in her bed.

'What is it, George?' she asked. 'An emergency case?'

Briefly I told her, having asked the matron to hold the line. My wife had, I think, gathered the sense of the conversation already and she was looking at me in a rather peculiar way.

'But surely, George,' she said, 'you can't just turn over and go to sleep and let the girl die? I can't believe it of you.'

'Of course I can't rush into somebody else's case like that.'

'But it's an emergency,' she insisted. 'Just the same as if there'd been an accident outside this house. You wouldn't hang back then because the victim was someone else's patient, would you? Suppose it was one of your cases and you couldn't be traced—you'd be grateful to another surgeon for doing something, I'm sure.'

'I wouldn't be such a damned fool as to leave a patient in that state and disappear without trace,' I said.

But my resolution to have nothing to do with it was already failing. Meanwhile the matron had begun to talk on the telephone again, begging me and imploring me to come, and pointing out that in her view every minute lost added to the danger.

It was a delicate decision. I had absolutely no right to

interfere with the case. I had no idea what might be needed, and I had no knowledge of it at all, except the barest of glimpses in the theatre the previous afternoon. If surgical treatment was necessary, I had no authority to give it, and if there should be a fatal termination, I should be in a far from happy position. No, I had no standing, no right whatsoever. . . .

Yet my wife was still looking at me with that peculiar, eloquent expression, and the matron's words were pouring into my ears as I held the telephone. A life was at stake. Did matters of professional nicety enter into it at all? Wasn't my wife right when she said that it did not differ from an accident in the road outside my house—to which, of course, I should have given instant aid? I had persuaded myself I had no right to interfere. From the humanitarian point of view, was it not the other way round? With a life hanging in the balance, had I any right at all to hang back, to argue when every moment might be precious, to balance subtle points of ethics against the brute fact that it was within my power, perhaps, to avert a tragedy?

For a second or so more I hesitated. The scale trembled and then sank on the side of humanity.

'All right,' I said into the telephone. 'I'll be round as soon as I possibly can.'

My wife smiled. 'I knew you would. You couldn't let a woman die, could you?' she said softly.

It was no time for comment. I did not even stop to dress properly, but pulled coat and trousers over my pyjamas. Within five minutes I was in the car, and in less than a quarter of an hour I was driving up to the door of the nursing-home.

The journey had done nothing to ease my mind. It was all very well to talk about humanity and the saving of life;

but this was a dangerous path I was treading, and I knew it.

'Oh, I'm so glad you've come,' said the matron, a little breathlessly, when she saw me. 'I don't like the look of things at all.'

'Where is she?' I asked.

She led the way. One glance at the patient drove away all my doubts. Here was a young woman in extremis, and it did not matter whence medical aid came so long as it did come. Her face was distorted with anguish. Obviously the first thing was to inject some morphine; nothing could be done for her or to her while she was in that state.

It was a relief to see her relax into peace. But now the difficult part was beginning. I had to discover what had happened—though I had a shrewd suspicion—and then to decide what steps were to be taken.

With the matron's aid, the dressing was removed from the wound. Then it was that I saw my worst suspicions were true. The stitches on the incision had burst and the wound had opened wide.

'What happened?' I asked as I examined her. 'You say she coughed?'

Matron nodded. 'Yes, doctor. She had several very severe paroxysms, and during one of them—well, *this* happened.'

The matron nodded to the patient's abdomen. It was not at all an encouraging sight. Through the wound, the intestine had been forced out in large, twisted loops. Few conditions could be as serious as this. That young woman stood on the very threshold of death.

Here was the worst part of my problem in very fact. I knew nothing of the case—nothing of her condition generally, nothing of the medicament she had received or of the pre-operative treatment she had undergone. I did

not even know the precise diagnosis on which the operation had been made.

Whatever I did, I must inevitably be groping in the dark; and this was no case to permit any margin of error. The only possible course was to treat for the immediate relief of the condition in the hope of saving life, and then trust that the missing surgeon could be found at the earliest possible moment.

So much could be decided, but immediately fresh difficulties arose—practical difficulties. What had to be done involved surgical treatment, but no anaesthetist was available, and I would have to do what I could with such aid as the matron and the night sister could provide. The outlook was far from happy, but the best had to be made of it. I must confess that, even at that moment, the thought came to me that it was odd that, in one of the best-equipped and most modern nursing-homes in the London area, I should be forced to fall back on what was, in effect, emergency surgery. I had done enough of it with the Emergency Medical Service during the war; I had never expected to do it again.

In the absence of an anaesthetist, the only possibility was to administer more morphine to keep the patient unconscious. Knowing nothing of the case, I realized that this involved risk; but it was one that had to be accepted with open eyes. With relief I noticed that despite what she had gone through she seemed to be standing up to it quite well; her heart and respiration gave no obvious signs of distress.

The circumstances forbade any attempt at major surgery, even if I had felt justified in performing any. I had to content myself with gently untwisting the loops in the intestine and replacing it in position. My professional gorge rather rose at this crude procedure but I had to

suppress it. When this had been done—and it took some little time—a tube was inserted so that the accumulated gas could escape and relief be afforded to the patient; and finally the wound was reclosed firmly and the dressing firmly replaced.

The perspiration was standing out on my forehead when it was over. It had been, taken all in all, one of the most trying experiences of my career. It was not so much that the technical difficulties involved were great; the strain was rather mental, for all the time, at the back of my mind, was the thought that I should not be there at all and that I was in an utterly false position. It was impossible to take any sanguine view of the outcome, and if, as was far from improbable, the worst occurred, there would be plenty of trouble for all concerned.

But it was no good indulging in such thoughts then. I tried to console myself by remembering that, in the small hours of the morning, hope is usually at its lowest ebb and problems are apt to seem far more terrible than daylight subsequently reveals them to be. Nevertheless, I knew that even that was a specious piece of self-delusion.

The matron sighed and laid her hand on my arm.

'Oh, thank God, Mr. Sava, thank God!' she breathed. 'Surely you have saved her.'

'I wish I could be certain,' I returned dully. 'Look after her well and if anything fresh develops telephone me at once. And don't forget in the morning to spare no effort to trace the surgeon. Call in the police if necessary.'

'Very well, doctor,' she said. 'I'll do my best.'

Dawn was already streaking the sky when I at last returned home. I was tired, physically and mentally, but there would not be long now for sleep. In a few hours I had to be operating again; but at least they would be straight-

forward operations, on patients about whom I knew all that it was necessary to know . . .

About midday, I visited the nursing-home again to see my own patient, who, somehow, had suddenly become quite unimportant. Her case was progressing normally, and I felt I could leave her with every confidence. I had just left her ward when the matron came up to me.

'Good morning, doctor,' she said. 'Will you take a look at the other patient?'

'Haven't you traced her own surgeon?' I asked.

'I've been on the telephone since eight o'clock,' she replied. 'Everyone who knows him is trying to find out where he's gone. So far we've had no luck.'

'I see. Well, I suppose I had better see her. How does she seem?'

'Not too bad,' answered matron.

This was welcome, though almost unexpected, news. If the matron had told me she was sinking fast or even dead already, I should not have been at all surprised. As a matter of fact, the patient was obviously making a remarkably good recovery, taking all things into consideration, and the rest had to be left to routine—and the return of her own medical advisers.

It was nothing short of a miracle; and I told the matron so.

She smiled. 'You worked the miracle, Mr. Sava,' she said.

I shook my head. 'No. I'm not a miracle-monger. The real credit lies with you, matron. You acted with promptitude and decision, and your persuasive tongue did the rest. I very nearly lost my temper with you, you know, and then my wife joined in the argument on your side—and what can a man do when two women ally themselves against him?'

She chuckled softly, but made no further comment.

Before I left I gave her some instructions and wrote out a detailed report which I told her to give to the surgeon as soon as he reappeared. There, so far as I was concerned, the case ended. If the surgeon did not come, I had no doubt that I would be sent for; but it was certainly not my intention, or my duty, to take over the case completely. As it turned out, I was not summoned, and the next time I visited the home to see my own patient I was told the abdominal case was recovering steadily.

The more I thought of it, the more unsatisfactory the case seemed, so far as my connection with it went. I had taken stupendous risks—and I had done so, not in the heat of the moment, but deliberately and fully recognizing them for what they were. Gravest of all was that I had operated without any sort of permission or regular connexion with the case. I had only my luck to thank that the result had not been disastrous.

It did not seem to me that I should write to the surgeon to tell him what had happened. He would have had the report from the matron, and if he wished for any further information he could ask me for it—not that there was any to give. Now and again I expected to hear from him, if only to inform me how the case was progressing, but such news as I had reached me indirectly through the matron when I visited the home to see my own patients there. On not a single occasion did I encounter him.

The days passed by and no word came to me. Perhaps it was ten days, perhaps it was a fortnight—I cannot remember; all I know is that I had made up my mind that I should hear no more of the case. And then the telephone rang. It so happened that it was late in the afternoon, and my secretary had left, so I answered the call myself.

The voice at the other end was polite, cold, and impersonal. Its accent was impeccable. Perhaps, too, it was charged with a little sarcasm, but that may have been my fancy. At first I did not recognize it, but at last I realized it was the surgeon whom I had seen operating at the nursing-home.

'Thanks, Sava,' he said, 'for all you did. Perhaps one day I shall be able to do the same for you.'

The instrument clicked before I could say a word.

I was so amazed that for a few minutes I could not collect my thoughts. Then a great wave of bitterness swept over me. I had not expected thanks; I did not want them. The case, for me, had been an unhappy experience of which I was glad to be free at the earliest possible moment, and I had done nothing to force myself into it. Of course I had sent in no account; it had been an emergency case of the type for which no fees are charged—at least that was how I saw it.

But it was clear that the surgeon did not see it in that light. He resented my intrusion into his affairs and no doubt regarded me as a busybody who could not let well alone. My anger rose but soon spent itself. It was stupid to become enraged over conduct of that kind.

If that had been all, I should probably have dismissed the whole affair with a shrug of the shoulders. It did not end there, however. In the street of doctors, as in every congregation of professional men, there is always gossip; and that gossip has a way of working its way back to the people whom it takes as its subject. In quite a short time I became aware that criticisms were being passed on my conduct. I had interfered in another man's case. I had taken too much on myself. On the rare occasions when I met the surgeon or any of his particular friends, I was received—if I was noticed at all—with marked coolness,

to say the least. It was not at all a compensation for all the trouble I had taken.

Now it is never wise to attempt to defend oneself against criticisms of this kind; they are best ignored. I did nothing at the time and eventually the talk died away, as talk always will, though the coolness remains. Nevertheless, recalling, as I have here, all the details and emotions of that time, I do feel that it might be as well to try to make an objective survey of the affair.

By all the rules, I transgressed. There was barely an item of the strict code that I did not break that night. In one very narrow sense, I did 'interfere' in another man's case. I operated without permission and with no knowledge of the patient's condition. I even performed the operation without the help of an anaesthetist.

All of these are greater or lesser sins. Admitted, as they are, the fact remains that the life of a young woman was in serious danger, and it would have, as I see it now, ill-befitted a surgeon to stand by and do nothing, simply because formal points of ethics stood in the way. It may be wrong, but, as I have said before in these pages, I do feel that if there is a conflict between ethics and the saving of life, then the ethics should be ignored. That is a strong statement, yet it represents my views. An emergency is an emergency, whether it occurs in surgery or medicine or any other phase of activity, and it has to be met, if it is serious, with whatever means lie to hand; the rules of conduct and behaviour that govern more normal affairs are automatically suspended. In war, a nation suspends many of its most treasured laws and liberties, as we in this country know, in order that the over-riding cause of victory may be served. And when a doctor is faced with an emergency, he, too, is in a state of war—of war against death. It

would indeed be a terrible world in which lives were cast away for a punctilio.

Often, in thinking of this case, the words my wife spoke to me when she was adding her plea to the matron's come back to me. 'Suppose,' she had said, 'it was one of your cases and you couldn't be traced—you'd be grateful to another surgeon for doing something, I'm sure.'

At the time I passed off that remark with an angry retort, but now, with the later experience of the case before me, I realize that she had intuitively hit upon one of my most strongly held convictions. Yes, I should be glad. I should be more than glad; I should be deeply grateful. One cannot wave it away with a smart answer.

If the emergency arose, if, through some circumstances beyond my control, I had left behind a case that suddenly developed immediately dangerous complications, then indeed I should be delighted to know that there was a surgeon ready and willing to set aside the lifeless rules of correct conduct and save that life for me. If I was on the spot myself, I would fight for that life with all the knowledge and skill at my command; and I can imagine no more comforting thought than that, if I could not be there when needed, there was someone no less willing and able to give everything he possessed to achieve the end that I place above all else. The surgeon who so acted on my behalf might be known to me; I might never have met him. But this I do know: that I would thereafter regard him as one of my greatest friends; and also I would know that there burned in him the true spirit of healing, which puts the welfare of the patient above all things and will not allow pride, or self-esteem, or any of those qualities which it is right a man should have in his ordinary affairs, to stand in the way of the goal that transcends all else.

Chapter Seven

THE DOUBT THAT SAVED

It is a basic truth, of which the doctor obtains cumulative proof throughout his career, that no two human beings are exactly alike. For that very reason—there are others that do not concern us now—medicine can never be an exact science. Generalizations about human beings are statements of averages, not precise specifications like those of a machine; and to those generalizations every one of us is an exception in some aspect or another. Indeed, the 'normal' human being, as described in the textbooks, would be such an abnormality that the doctor who examined him would be astounded.

This uncertainty is at once a boon and a curse to the doctor. He can never be sure of himself. The ideal treatment may, for some totally inexplicable reason, fail—and then there is tragedy, made all the deeper because science and experience suggested at the outset that high hopes could be justifiably entertained. On the other hand, it may result in the recovery of the seemingly hopeless case—the 'miracle cure' that so often redounds to the greater credit of the doctor than any amount of unspectacular work well done, though he himself would be the first to confess that he has no explanation for it.

Now it is not easy even for an experienced medical man to put in precise terms where these individual

differences lie. It is true that some men and women have obvious and gross departures from the average—greater or smaller deformities and the like. But in the majority of cases the individualities are slight and indefinable. The doctor senses them rather than discovers them as he discovers, say, a slightly enlarged gland.

Treatment, then, even in these days of deep scientific knowledge, still retains an element of art about it, and the experienced doctor scores all the time over the less experienced man because his years of practice have developed in him the ability to recognize, almost unconsciously, the little individual differences between people—the differences that mean so much, often to the extent of being the deciding influence between success and failure. Not infrequently it is this very ability that—again almost unconsciously—will determine a doctor's choice between what, on purely scientific grounds, are two equally sound lines of treatment for a given patient. Something—he could not name it himself—warns him that one is unsuitable in this individual case.

To some, these reflections may seem mere platitude—but it should be remembered that even platitudes can have great practical value. To others, they may appear as facile excuses for cases of otherwise inexplicable failure. Critics may think what they like. The fact remains that on occasions intuitive appreciation can play a bigger part in bringing a case to a successful conclusion than the application of all the scientific theories in the world, and the doctor's sixth sense, as it might be termed, proves more valuable than all the elaborate diagnostic instruments and tests of the modern clinical laboratory. A 'hunch' sometimes pays. The grand difficulty is to recognize when such a 'hunch' is reliable and when it is a mere expression of uncertainty.

Because of this factor of uncertainty, the more a doctor knows of a patient—the more he has seen of him and become familiar with him both as a living organism and as a thinking human personality—the greater his chances of success when serious conditions arise. Between him and the patient there develops what can only be described as a state of *rapport*, so that to the doctor a single sign or symptom may have a significance far beyond what it would have in an unknown individual. Of course there is a danger, too—a danger against which every doctor worthy of the name must guard himself: that of allowing familiarity to dull his observation and of taking things for granted.

The records of one's casebooks contain many examples of occasions on which it was intuition which led one to the right conclusion rather than rigorous scientific reasoning or where it tipped the balance one way or the other. Sometimes this prompting, on the surface so irrational yet often so trustworthy, leads one into apparent indiscretions and violations of what, by the narrowest judgements, would seem good practice. One case in particular I recall—a case in which my course, with so little apparent basis in diagnostic fact, must have appeared to the others who witnessed it little short of foolhardy. Some may call it luck. Others may prefer that expressive word 'hunch'. I prefer to think that my actions were prompted by the unconscious *rapport* I had established with the patient over many years.

But let us leave explanations and theories till later and look at the case itself. For over ten years the patient—let us call her Gwen—had been under my care—not continuously, of course, for she had an excellent regular medical attendant and was, moreover, quite a normally healthy woman—but whenever specialist treatment was

demanded. Most of her ailments had been minor ones calling for no out-of-the-way measures, and she had always responded to treatment in a thoroughly satisfactory way. On one occasion she had developed appendicitis, but the case did not call for operation and had cleared spontaneously. What with this and the other consultations she had had with me, I can claim that I was as conversant with her idiosyncrasies in the medical sense as anyone could be. When she needed my advice, she came for it; in between whiles I heard nothing of her and assumed she was in good health. And always her visits concerned nothing serious, nothing that called either for immediate or drastic steps.

Usually her appointments were made a day or two in advance—sometimes as much as a week—and I was forewarned with a report from her regular doctor. It was a surprise, therefore, when I received a telephone message asking me to visit her urgently. This was the first time she had called on me during the previous two years, and only a month or so earlier a mutual friend had told me she was enjoying excellent health.

Knowing that neither she nor her doctor would send out so pressing a summons unless the matter were really serious, I took the earliest possible opportunity of visiting her, after having requested that the regular attendant should be there when I called. I was grateful that I could go almost at once, for as soon as I glanced at her I knew she was in great distress. Gwen was not a woman who made much of suffering; she took it lightly as a rule and tried to pass it off with a smile and a joke. Now, though she had managed somehow to compose her features, her eyes told a story of grinding pain—the sort of pain that by itself, no matter what the actual condition may be, can play havoc with a patient.

Briefly, the family doctor gave me the history of the case. He had been called in because she had developed excruciating pain in the abdominal region and particularly in the area round the navel. As I have said, it was two years since I had last seen her, and I asked if there had been any illness leading up to this condition.

The doctor shook his head. 'Nothing at all,' he replied. 'I've treated her for some quite minor ailments in the past two years—influenza and so on. Nothing out of the way. She is, as you know, quite a normally healthy woman.'

He suggested what he thought was wrong, and I proceeded to examine her. There could be no disputing his diagnosis. Gwen had developed a small strangulated umbilical hernia, or rupture. It was a condition that called for immediate surgical treatment, for if such a hernia is neglected it may lead to complete strangulation of the intestines and become an acute danger to life itself, apart from the exquisite pain to which it gives rise.

So far the case, if serious, was perfectly straightforward, since operations for hernia are by no means uncommon. It was here that my knowledge of the patient, backed up by the information supplied by her regular doctor, played a part in influencing my course of conduct. I decided upon an immediate operation. For this particular intervention there would be no special preparation. I was perfectly satisfied in my own mind that her general condition was equal to withstanding the strain and shock, and in this I had the full concurrence of her own doctor. With an unknown patient I might, despite the need for quick action, have delayed a little to obtain further reports and to check her general state, but the diagnosis was so clear that, with the knowledge I possessed, these precautions seemed to me less important than performing the operation at the earliest possible moment.

It had been early afternoon when I had examined her. That very evening she was in a nursing-home. There I made another examination, with particular reference to her heart and lungs, those danger points in any patient undergoing an operation. The results fully confirmed my belief that there was no overt reason why the operation should not be performed forthwith. Accordingly I gave the necessary instructions.

Now, though to the over-cautious this decision may, in itself, seem an indiscretion, there was nothing at all exceptional about it. As things were it had every justification, in view of the imminent threat to the patient's life. Those associated with me at the time, including the family doctor, who gave the fullest and most willing co-operation in everything, agreed fully with me. Provided proper precautions were observed, there was no ground at all for anticipating any sort of difficulty. Naturally, however, the operation had to be treated as an emergency one. To eliminate all undue risk, the intervention must be limited to the minimum necessary to secure the desired result. But this again would be perfectly normal. The one purpose was to close the hernia and reduce the strangulation.

In point of fact the procedure involved is very simple and straightforward. The rupture is opened, the protuberant intestines are freed and gently pressed back into the abdominal cavity, and finally the opening is firmly closed with a few stitches. Despite its simplicity, however, the operation gives relief that is often spectacular. The pain and discomfort disappear as if by magic, and in a few days the patient, so recently the victim of agony, is on the high road to recovery.

In very many cases the operation is carried out in its entirety under local anaesthesia, and originally I had

intended to follow this practice. But, once again, my special knowledge of the patient influenced my decision. Gwen had already suffered a very great deal, and I felt as I looked at her that she had had more than enough and that it was my duty to spare her as much further discomfort, whether of mind or body, as possible. Accordingly only a few minutes before the operation was due to begin I countermanded my previous instructions and decided she should have general anaesthesia.

She was peacefully and easily asleep when I began to open the rupture, and showed no signs of distress. The anaesthetist was quite satisfied with her reactions, and I proceeded with the operation without any qualms whatsoever. The strangulation involved the great omentum, which is a kind of fold in the peritoneum or abdominal lining; it was easily corrected. How small is this operation may be realized when I say that the necessary incision was no more than two inches long—a wound that, on healing, would leave practically no visible scar at all.

Everything had gone according to the rules. I discovered no complicating factors during the operation itself, and she had been perfectly happy under the anaesthetic. Nothing now remained but to close the incision and send the patient back to the ward, where, as seemed certain, she would make a rapid and complete recovery.

It was then, on the very point of making the suture, that I had one of those queer tricks of the mind for which, in the last analysis, no truly satisfactory explanation is available. It might be put down to scientific and professional curiosity; it might equally, by those of a more psychic turn of mind, be ascribed to hyper-sensitivity or intuition. However that may be, the fact remains that, almost against my will, I paused in the very act of commencing to make the stitches and became filled with a

desire to explore further. Certainly there was no obvious scientific or medical reason for my sudden doubt of the wisdom of closing the wound at once.

Just for a moment or two I stood in doubt; and then a new certainty descended on me. Before I closed that incision I had to know more of the patient's internal condition. It was something more than a mere desire; it was a compulsion which I do not think I could have resisted even had I tried. And then I began to enlarge that small incision. I was aware of bewildered faces about me. My assistant gave me a glance of dismay, and the anaesthetist's eyes suggested that I must have taken leave of my senses. I saw him brace himself. It was a risk, a grave risk, to prolong the anaesthesia on a patient whose condition had not been fully checked—especially as there was no conceivable justification, on the surface, for my drastic change of mind.

Through the enlarged incision I began carefully to feel the abdomen. The stomach was certainly harder than usual, but that might mean nothing; indeed, it might even have been expected, for obviously the hernia would reduce or even prevent blood circulation and there would, therefore, be congestion. I spent a few minutes feeling carefully, exploring, comparing. Common sense told me that there was nothing to cause alarm or even anxiety; but in spite of everything the doubt remained. I wanted to be sure. I felt that unless I could actually see the stomach and reassure myself that there was nothing but congestion I would be tortured by the gravest misgivings, which, later, I might impart unconsciously to the patient and so check her recovery.

To complete the astonishment—and perhaps confirm the doubts of my anaesthetist as to my sanity—I carried the incision a further two inches upwards. The blank

astonishment of my assistant and the theatre sister mounted—and then their mood changed. It was not my peculiar actions that now roused their amazement; it was the condition of the stomach itself.

No sooner had that organ been exposed than its state became self-evident to every one of us round the operating table. There was a tough, fibrous growth all over the stomach—a condition to which the highly expressive name of 'leather stomach' is applied. It is something that cannot be treated lightly, for, if left alone to develop, it leads eventually to the formation of malignant tumours.

Here indeed was a problem with which I would much rather not have been faced. I had revealed a potentially dangerous condition; but it was not immediately so. The growth itself was not harmful and might not even cause discomfort to the patient—at any rate for a year, or, in favourable circumstances, two years; but then, for certain, the malignant tumours would begin to form and trouble would start in real earnest.

I could see the questioning eyes of those around me, but I was alone. I, and no one else, must make the decision as to the next step. I could close the incision, wait for the patient to recover, and, when she was well, inform her of the facts and advise constant observation. Or, on the other hand, I could, then and there, take time by the forelock and carry out an operation that would prevent the occurrence of any malignancy at all. Yet to decide for the latter course would be to take grave risks. Would the patient survive the somewhat extensive operation that would be necessary? It was a question on which I could not even express a worthwhile opinion, for I knew about her condition only in the most general terms. And again I had no authority at all to carry out such an operation, so much more serious than the one

for which consent had been given and which had been successfully completed.

Prudence suggested the former course with great emphasis, but for all that I could not bring myself to make the decision. Rather I considered the risk involved in the second possible solution. In all the circumstances it was more than possible that the patient might collapse on the table—a contingency no surgeon likes to have to face, still less when the circumstances were such as these.

That indeed was a far from attractive prospect; but there was another that filled me with even greater distress. I visualized so clearly the gradual onset of the malignant disease, the slow increase of a pain that might lead to an agonizing death. For, if left alone, this condition leads to a complete closure of the stomach. Apart from the pain caused by the disease, the patient has to endure all the horrors of slow starvation.

I knew the patient well. I knew how she loved life. For her I could imagine no more terrible fate than to live a year or two years knowing that there was no hope left for her; and I believed that if she could be consulted now she would unhesitatingly decide that she would rather run the risk of instant death there on the table than be condemned to such an existence.

That mental picture, so vivid at the time, decided me. It was in all conscience a grave enough decision to make; yet I recall that, even in that moment of doubt and anxiety, I felt relieved when it had been taken, as though I was sure of having chosen the right road. Explanations would be difficult, I knew, yet I was borne up by the conviction that, if the worst befell, little blame could attach to me in the medical sense.

If the others present were amazed at my decision, as well they might be, they did not reveal it. If the job was

to be done, it was vital that no precautions should be neglected, especially in the light of the special circumstances. A blood transfusion was arranged immediately with stored blood administered every few minutes. Heart stimulants were applied. If I failed, at any rate no one would be able to say that it was through oversight at the time of the operation itself, no matter to what extent the proper preliminaries might have been omitted.

At last the moment came when the operation proper had to be begun. There was much to do. All the adherent growth had to be cleared from the organs so that not a single suspicion of it remained—an extensive procedure that tried the patience of all present. Two-thirds of the stomach itself was freed and cut away. If the risk of malignant disease was to be eliminated, it was essential that not a single piece of infected tissue should remain.

For all of us, and for myself especially, it was a moment of intense relief when, after one and three-quarter hours of concentrated effort, the operation was at last completed. Still more was it a relief to discover that the patient was still alive—and even perhaps in a better condition than might have been hoped by the most sanguine. She had undergone a major operation that had never been intended, one for which, in ordinary circumstances, she would have had lengthy and very careful preparation. I sighed. The first hurdle had been taken; but the race was not yet run; still less was victory in sight.

Now began a grim and protracted fight for the patient's life. Constant blood transfusions were administered, as well as stimulants for the heart and respiratory organs. The finest preventive treatments were applied.

For three weeks Gwen became the star patient of the home. Everyone, from the matron downwards, took a hand in the fight for her life, and all co-operated in giving

every kind of help. In some subtle way they seemed to feel that the honour of the home was at stake, and that as the patient had survived the operation, it was their over-riding responsibility to ensure that she should make a complete recovery.

It would have been hard indeed for all of us if that great combined effort should have come to nothing. There were many occasions, in fact, when, if I had disclosed my secret thoughts, I might have admitted that the fight was almost lost. But externally I maintained an attitude of firm but quiet optimism. And in the end that faith—the faith of everyone who had worked with me so nobly and unsparingly—was justified. She not merely pulled through—she was restored to health. No one would have thought that the pink-cheeked, smiling woman who left the home was the same human being who, racked with pain, had been admitted to the home less than a month earlier. It was a victory for the home even more, perhaps, than for me; for without that unremitting attention, that skill in nursing, success would never have been won. That is one of the things which make the practice of medicine almost an exaltation at times.

So far as the strictly medical aspect was concerned, the case was over. The risks I had run—the grave, really fantastic risks—had been overcome. The almost unbelievable chance had materialized. But in the fullest sense the case was not yet completed for me. What might be the most difficult task of all had yet to be discharged.

So far, no one concerned with the patient had been told. The staff knew, of course; so did my assistant and the anaesthetist; but for the others—the husband and relatives—it was a mystery. They had been told that Gwen was to have a comparatively minor operation, from which recovery would be rapid and complete. Instead of that,

they had learnt that she had spent two hours in the operating theatre, from which she had emerged with the hand of death already on her, and that thereafter a stern fight for her survival had been waged. That something had gone wrong, some new development had occurred, they could not doubt; but what it was they had no idea.

The opportunity for confession came a few months later when I was on one of my periodical visits to Gwen. She was perfectly recovered now and in a fit state to bear the truth. As simply as I could, I told her the truth. Now, I thought, I was taking my fate in my hands. If she wished, she could challenge my conduct at almost every point. When I had finished I did not dare to look at her for a few moments, fearing to see her expression.

But when I raised my eyes she was smiling; and there was something surprisingly grateful about that smile. I think I shall remember that curious, indescribable expression till my dying day.

'I believe, Mr. Sava,' she said quietly, 'you're half-expecting me to be cross.'

'Perhaps I am,' I said seriously. 'After all, you have every right to be angry—and more.'

'But why?' she asked. 'I fail to see it. You've saved me from a pretty dreadful fate, I understand. Why should that make me cross?'

'Well . . .' I began.

She laughed softly. 'Yes, I know—because you've taken away half my stomach and you hadn't permission to; because you carried it all out when you hadn't gone through all the rigmarole of preparing me properly. You surgeons are becoming more and more like witch-doctors every day, with all this mumbo-jumbo of blood transfusions and diets and vitamins and whatever it is. How do you think patients survived in the old days before you

clever people thought of all this? If a person agrees to an operation, she takes a risk, and also she expresses her faith in the surgeon that he'll do his job as well as he knows how. If the risk doesn't come off—well . . .'

She spread her hands expressively.

I was astonished not only at her attitude but at her sane judgement and knowledgeability; and I think she read something of my thoughts in my face.

'Then you approve of what I did?' I asked.

'I repeat that I don't know what all the fuss is about,' she returned. 'Once you discovered that in my inside, I can't imagine how you could think for a moment that I shouldn't want it taken away. The other thing gave me enough suffering—I don't want any more. My own opinion is that we owe a great deal to you, Mr. Sava. You might so easily have not discovered it—and then I hesitate to think what would have happened.'

Her husband, a mild man who took little part in our discussions, was sitting by her side.

'And you—do you agree?' I asked, turning to him. 'Suppose I had failed, and your wife had died on the table or immediately after the operation—what would you have thought then?'

'I agree with Gwen entirely,' he answered with conviction. 'If the choice lay between her dying in that way and surviving to undergo heaven knows what agony, I should have said it would be better for her to die. That isn't callousness either.'

She nodded soberly. 'Yes. I would much rather have died.'

I was at a loss to understand their certainty. It was as though they had personal knowledge of the possible suffering involved. Gwen's next words came in answer to my thoughts.

'I can see you're puzzled, Mr. Sava,' she said. 'You think it a little odd, perhaps, that we should speak of death so casually. Well, we have a reason. You see, we've had personal experience of something very like, I imagine, what you have saved me from.'

'Oh!' I exclaimed, wondering if some hitherto concealed piece of medical history was to be revealed.

'Yes,' she nodded. 'Two years ago my eldest brother died. He wasn't so very old—only five years older than I am. I nursed him and I've never seen anything so terrible as the agony he went through. If I close my eyes I can see him, thin, tormented, praying for death to relieve him. Sometimes I dream of it, even now.' She closed her eyes and passed her hands over her brow. 'It was terrible—terrible! It was cancer of the liver. Nothing could be done.'

'I see,' I said. She was right. Nothing can be done for cancer of the liver, and its victims tread their way to a pain-ridden end. There are few things more horrible, and I could well imagine the effect the sight of all that suffering must have had on this sympathetic, intelligent woman. It was a tragic story, and now I could understand her attitude better.

'You said when you began,' she said earnestly, 'that you had a confession to make—a difficult confession. Well, you know what we think of it, and you were a very silly man, if you'll excuse me, to have any doubts about how we should take it. For remember this, doctor—you might have had a very different sort of confession to make, and for that I would never have forgiven you as long as I lived.'

'What do you mean?' I asked.

'You might have come to me and said that you'd discovered I was in that state and confessed that you

hadn't had the courage to operate because of all the risks involved. That would have been something I could never have forgiven you—never—not even when I remembered that the risks weren't only for me but for you. It would have been unpardonable. As it is, we have to thank you, Mr. Sava, and we do from the bottom of our hearts. You had the courage to take my life, which is unimportant, into your hands, and, what is more, your own position and career—and your courage and your faith and your humanity were more than justified.'

'Thank you,' I murmured. In the face of that eloquent and moving speech I found myself tongue tied.

It was a happy ending—a very happy ending, as it seems to me now, looking back on all the risks and doubts. Yet though it was a transgression, it is one of which I am far from ashamed. On the contrary, I am proud to have made it, for it has given a rich reward. If I had not broken the rules, the outlook for Gwen would have been dark indeed. As it was, I had given the prospect of years of life and freedom to a likeable human being; and one for whom my friendship ripens year by year.

The strange thing about this case is that if I had not, from the first, acted in a manner that was a trifle irregular, its whole course would have been different. There was no time for a thorough examination, but if there had been it is more than likely that I should have discovered the truth about her stomach. Then what would have happened? Faced with the facts in cold blood, tormented by the pain of her hernia, she might, with the memory of her brother still strong in her mind, have worked herself into such a state of despair that she would not have been fit to undergo any operation at all; and then indeed her future would have been black.

Even if that had not occurred, and the leather stomach

had remained undetected, a careful examination might have shown her general condition to be such as justified a local anaesthetic; and then it is highly unlikely that I should have brought her condition to light. In any event, it would not have been possible to continue the operation without seriously alarming her.

Strangest of all, however, is the state of mind that led me to investigate her stomach when I had done what I had set out to do, and no more could have been asked of me. Whenever I recall those moments I experience again that sense of conviction that I must, at all costs, see the stomach with my own eyes and not leave the case there. It was almost as though I knew in advance that there was something for me to discover.

My friend Mrs. Gail, the psychic lady who claims that her astral body watched me operating on her, would no doubt have a clear opinion on the origin of my intuition, if that is what it was. She might even assert that it was Gwen's astral self directing me. The theory is fascinating, but hardly one that a surgeon, tied to the laws and principles of physical science, can even begin to accept. I merely mention it here to forestall all those enthusiasts who might feel induced to write to me to point it out after they have read this chapter.

I might dismiss it by saying it was a 'hunch'—'just one of those things', to use another Americanism. But that is to beg the question entirely. For what is a 'hunch'? It would not be far-fetched to define it as an inexplicable term for the inexplicable.

Rather, I think, the explanation—if explanation there be—lies in that sixth sense which the surgeon (and the physician, too, for that matter) develops as the result of experience—and particularly experience of a certain patient. He establishes, as I said at the beginning of this

chapter, a state of *rapport* with him or her. Consciously he sees and discovers and interprets the signs and symptoms that any competent doctor would see and discover and interpret; though obviously the man of rich experience will see and discover more than the recently qualified house-surgeon, and certainly he will be able to interpret more confidently.

Over and above this, however, he unconsciously notices other things, which he relates to the knowledge he has acquired of this particular patient. He is not actively aware of this process, but I think it goes on; and not only in medicine but in other spheres where judgement plays a part. Who does not know the motor mechanic—to instance a familiar example—who discovers what is wrong with one's car almost at a glance after a colleague, using testing instruments and other things, has failed dismally?

This faculty is the great reward of experience—and also perhaps of devotion to one's profession, a devotion that makes one practise it as part of oneself instead of something outside, a mere means of making a living. It is something like that, I believe, that is the root of all 'hunches'—the uneasy, yet indefinable, feeling that something is not quite right, the unwillingness to be satisfied with a solution to a problem even when all the rational answers have apparently completely resolved it, the conviction that, though the work seems to be finished, something more remains to be done.

And also, I think, the conditions of modern practice tend to make such hunches or intuitions—call them what you will—seem more remarkable than they used to be. For today the doctor relies increasingly on the laboratory to make his diagnoses for him. He employs X-rays, chemical and microscopical and physical tests of all

kinds; almost every year sees some important addition to them; and, as a result, he depends less and less on the exercise of his own unfettered judgement. There are even some who prophesy that, in the future, the surgeon will have nothing to do with diagnosis at all—that he will act entirely on the reports submitted to him by specialists in diagnosis alone, men surrounded with all the wonderful paraphernalia of contemporary science.

It was not so in the old days. The outstanding doctor was he whose eyes and fingers—practically his only means of examination—discovered everything; and there were men whose accuracy of diagnosis with such simple means seems incredible to us of a younger generation who have grown up with the X-rays. These men must have developed that sixth sense to a fine point so that it amounted almost to a power of divination. That is practically a lost art, but some of it remains, and it is when it secures, as in the case I have just described, a seemingly sensational result that it appears to modern eyes a freak, a stroke of luck that can happen only once in a lifetime.

Undoubtedly this was a case in which an intuition brought the happiest results. For all that, I do not wish anyone to run away with the idea that I regard working on such intuitions as either desirable or praiseworthy. Sometimes, when they are really compelling, as this one was, they are better followed up, cautiously and tentatively, if only to restore one's peace of mind; for it does happen that a vague impression is an unconscious warning out of one's experience that consciously one is overlooking some vital pointer. But in the main he would be a poor doctor indeed who relied upon such intuitions, especially in these days when he has so many aids to his senses.

There are moments when it is worthwhile to abandon

the principles of caution and ignore the established rules; but those are exceptions, and exceptions do not make good medical practice any more than hard cases make good law. Certainly only the experienced doctor should allow himself the occasional luxury of such transgressions—and then only in the full and admitted knowledge of what he is doing and that he has only himself to blame if anything goes wrong and unpleasant consequences ensue.

Chapter Eight

THE PRICE OF PREJUDICE

It has often been remarked that in the war in which medical science is constantly engaged the chief enemies are not the agents of disease and suffering but the prejudice, preconceptions, and ignorance of men and women. There is no more tragic experience for a doctor than to be confronted by a case which, in the stage it has reached, is incurable—to which there can be no end but death, perhaps slow and painful—and yet one which, had it been attended to earlier, could almost certainly have had a successful outcome. At the worst, these unhappy victims of their own and their friends' neglect and omissions could decidedly have been spared much pain of body and mind. Too late! They are tormenting words in almost all circumstances, but never more so than in cases of this kind.

Is it surprising that, in such circumstances, the doctor feels the chill hand of despair and hopelessness upon him? What good is it, he asks himself, that research should go on ceaselessly, that men and women should risk their lives—as they do—in submitting themselves to crucial clinical experiments, if all this is to be set at naught because people allow their prejudices to overcome their reason? Of what use are the skill and knowledge he has acquired in years of study and experience if the men and

women who should benefit by them refuse to give him an opportunity of exercising them? Here, before him, is a suffering human being whom he might have saved had he been given the fair chance that is surely every worker's right, whether he be surgeon or steeplejack. In that knowledge he has to decide that the case is now beyond his aid—any human aid; and often he has to keep that terrible conviction to himself, for he fears to add more anguish to the huge load that has already been borne so needlessly.

Against the ravages of disease and disorder themselves, science and experience are constantly improving the doctor's measures of defence. Penicillin and the sulphonamide drugs alone have conquered some of the most deadly enemies of mankind. But against prejudice and ignorance, against that false optimism of some people that 'all will come right in the end', all weapons seem blunt and inefficient.

Of course some forms of ignorance are excusable—up to a point. The layman cannot be expected to know the full resources of modern medical science, still less to keep abreast of the rapid progress of these times. Because his father died of some disease for which the medicine of the time had no real remedy, he may perhaps be forgiven for despairing when the same condition afflicts one of his sons or daughters. He cannot know that that particular condition is now amenable to treatment. As much may be freely admitted. But it does not justify his shrugging his shoulders and putting off taking medical advice until the last possible moment. Yet how often this is done!

All too frequently obstructive ignorance masquerades as knowledge—and then it is very dangerous indeed. I sometimes wonder how many lives each year are sacrificed through this sin of pride; these are some statistics the

Registrar-General's annual report fails to give, though, if they could be collated, they might be the most valuable of all. It is truly surprising how many people, otherwise intelligent and shrewd, think they always know better than the doctor, whom they appear to regard as an enemy rather than a friend. He, the expert in human ills, is the last to whom they turn because they believe his lore is inferior to theirs. A commonsense person with no knowledge of radio does not start tinkering if his wireless set goes wrong; he sends for the expert. He is quite aware that his unskilled attentions might do irreparable damage—and besides, there is always the danger of a shock. But if his body shows signs of maladjustment, he will not go to the doctor till he is forced to by racking pain. Probably he doses himself with various medicines, without really finding out what is the matter with him. To his body he does not give the same sort of rational aid that he automatically provides for his wireless set, though the former is infinitely more complicated and the price to be paid for damage so much higher, amounting sometimes to life itself.

And it is from attitudes such as these that the tally of 'incurable' cases mounts—incurable cases simply because they were not taken in time. The additional tragedy is that these failures, due to the sufferer himself in the first place at least, are held against the medical profession and adduced as evidence of its helplessness, so that, in the end, the reluctance of certain people to seek the doctor's aid in good time is increased. Here indeed is a vicious circle.

There are other kinds of prejudice for which no remote kind of excuse can be found at all. There are the people who will not consult a surgeon, even though they are perfectly willing to consult a physician, because they believe

that 'surgeons always operate whether there is a real need for it or not'; there are those who, accepting in their daily life all the other gifts of modern science, their electric light, their motor cars, their television, refuse to admit that medical science has any truth in it, but turn readily to all manner of curious, unorthodox theories. There are even those who, taking suffering as 'the badge of all the tribe', regard pain and illness as a judgement of Providence, interference with which would be grievous sin. . . .

The list might be indefinitely extended, but there is no need to go on. Ignorance and prejudice are weeds in the garden of civilization, which can never come to full flower till they are all uprooted. Every day they claim their victims, to whom repentance, if it comes at all, comes too late.

Yes, they are evil and tormenting entries in the doctor's case-book, those people who come too late, who have, many of them, signed their own death warrants with the signature 'Neglect'. One ought, I suppose, to become inured to this form of human folly, yet as one's experience grows, each fresh instance strikes one more forcibly as a greater tragedy, especially in these days when medical knowledge advances so rapidly that literally the incurable disease of one year is curable the next. One has to reassure oneself with the thought that knowledge spreads slowly and that common sense is one of the most uncommon of human characteristics. But when the next case comes—and there is, alas! always a next case—one is again the victim of sadness and depression. Science it seems may conquer every illness to which human flesh is heir but one —folly. That alone will, so one reflects at these times, remain for ever incurable and pandemic.

I could take down my casebook for any year at random

and find examples of the sort of thing I have been discussing—the lives lost, the unnecessary suffering endured, because of ignorance and prejudice. But there is one which above all claims a right to inclusion here—not merely for the tangled web of prejudice it revealed, but also because that prejudice forced me to take risks that might well appear unjustifiable and unethical to attain a poor palliative or a result that might be regarded by some as totally unrewarding for the dangers and trouble involved.

The patient in this case was a young Spanish woman, who had come to this country twenty years before with her family, with whom she had lived all the time. The family had clung tenaciously to its nationality, and even though she had spent the greater part of her life here, Tina still regarded Spanish as her native tongue and Spain as 'home'. Like so many émigrés, this Spanish family had developed to a high degree that paradoxical state of mind which led to their idolizing the country of their birth while showing not the slightest desire to return to it.

It was this aggressive assertion of native character which produced in the end the tragedy that befell Tina—a tragedy to the last act of which I served as stage manager. In a previous chapter I have commented on the Italian fear of surgeons and surgery. This is, however, not entirely an Italian trait, for it reveals itself to a greater or less degree in all the Latin peoples. Tina's family possessed it very strongly, as we shall see; and it was complicated by other prejudices.

For some obscure reason which only a skilful psychologist could expose after long investigation, the family's antipathy to doctors became particularly concentrated on the British profession. Their rule was never to call in a doctor until all other courses had failed, even to enduring pain and acute discomfort. If, after all, medical aid had

to be summoned, then it had to be provided by a foreign doctor. Now it is natural for immigrants to prefer to have dealings with their own people if they can, to converse in the language that comes naturally to them, and to discuss their affairs with people who have the same outlook springing from the same sort of cultural background. But though the great cities of Britain have their Italian, French, and—before the war—German hospitals, and there are a good many foreign practitioners in these islands, there are not many Spaniards working in the medical profession here. If Tina's family wanted to answer the call of race, then their difficulties were great so far as medical matters went.

Now the curious aspect was that they did not care overmuch whether their doctor was Spanish or not, so long as he was not British. It was almost as though death were preferable to the best the British medical faculty could provide. If driven to see a doctor, they would go to Frenchmen, Italians, even Poles (who might seem further from the Latin temperament than Englishmen), but never to an English practitioner.

To this unreasoning prejudice was grafted the typical Latin hatred and dread of surgery. The operating theatre was but the torture chamber in another guise. The surgeon, to them, was a man who made a living by wielding a knife —as extensively as possible—and so, given the chance, he would invent any excuse to ply his trade if no proper reason existed. The mere mention of the word 'operation' would fling them into full retreat; and the doctor who spoke it was not likely to be consulted again.

If they had set out deliberately to create an impossible position for themselves and expose themselves to every conceivable kind of risk to life and welfare, they could hardly have succeeded better than these prejudices did.

They had set up barriers at every turn. Even Tina, who entered the country as a child, spoke English imperfectly; her parents had never troubled to master more of the language than was absolutely necessary for daily needs. So, when they consulted, say, an Italian doctor who spoke no Spanish and whose English was perhaps not so fluent as might be wished, the difficulties of communication were immense, and a lot of important interchange of information had to go by the board. On top of that was the fact that they had ruled out a whole branch of treatment—surgery—that in certain circumstances might be their only hope of relief and cure.

As I have said, it was Tina who, in the long run, suffered for this tangled complex of prejudices. It was difficult enough, when at last she came to me, to sort it all out, to discover what precisely had happened. I have some Spanish, which helped, and piece by piece I managed to fit the history together. But if I set it out here as a continuous record, despite the obvious gaps, it was not in that form that I obtained it. A hint here, a suggestion there, a constant roaming about from past to present—that was the way it came to me.

It had begun more than ten years before, when the war was only a threatening cloud on the horizon. Then it was that Tina, up till then, so far as I could discover, a reasonably healthy girl, began to complain of pains in the stomach, particularly when she tried to pass water. With the family distrust of medicine, she did nothing about it until the discomfort became unbearable. At last, therefore, she found her way to a doctor's surgery.

He was a foreign doctor, of course; she would have seen no other. So far as I can make out he was an Italian, though there is some doubt on this point. None of the

family could tell me what his opinion had been or of what the treatment had consisted.

Since this appeared to be the starting point of the whole trouble I did all I could to find out about it when I began to investigate her case. I would have been very interested to discover what that unknown doctor had thought. Doctors, I reminded them, kept records, which they were ready to disclose to their professional colleagues if it was necessary so to do.

They shook their heads and spread their hands despairingly. That was impossible. The doctor, poor man, was dead. He had been killed during the blitz in 1940. More than that, the bomb that had dispatched him had wrecked his entire house, which had burst into flames. Everything had perished in the inferno. The doctor's records were beyond recall. So it will never be known if that unhappy and unfortunate doctor recognized the truth and gave advice which they refused to follow, or if he failed to arrive at the correct diagnosis.

For eight years Tina endured the pains and inconvenience. Her condition steadily deteriorated, but she took it in what some might term a philosophical way, though others (myself included) would not hesitate to describe her conduct and her family's as foolhardy. Occasionally she saw a doctor. Always he was a foreigner, and few of the several consulted seem to have given much useful advice.

'It was so difficult,' explained her father in a tone of wonder. 'You see, none of them spoke Spanish, and they could not understand very well our English . . .'

Under such conditions, perhaps no one is to blame that the truth never seems to have come to light in the earlier stages. Vital questions must have remained unanswered, essential information not conveyed or misrepresented. It was an impossible position.

'Did none of these doctors ever suggest Tina should go to hospital for examination at least?' I asked.

Again the hands spread expressively and the shoulders shrugged.

'But yes! It is what doctors always say when they do not understand. "Go to the hospital", they say. But who but a fool goes to a hospital? In hospitals one is ill-treated. The young doctors play experiments on the patients. No one recovers if he goes into a hospital.'

I sighed. It was no wonder that the girl had suffered so much if this was their point of view.

Towards the end, however, Tina's condition had deteriorated so much that even this prejudice had begun to weaken. There had even been some talk of letting her go to a hospital. A curious chance put an end to what might have held out some hope for the girl. It was just about that time that the National Health Service came into being. These Spaniards seem to have had a genius for jumping to the wrong conclusions and grafting new prejudices on to old ones, for immediately, and without any sort of investigation, they formed the opinion that under a National Health Service the patients could not be other than slaves. They would have to accept whatever doctor cared to take up the case. This, of course, is an entire misconception. But it exerted a powerful effect on them. Their valuation of British hospitals, never great, as I have shown, sank now to zero.

Meanwhile Tina's condition grew desperate, but nothing was done. It was better for her to suffer, perhaps to die, than submit her to the inhumanities and slavedom of a London hospital.

That was the history of the case, so far as I could elucidate it, up to the time I was called in, apparently on

the strength of being of non-English parentage and therefore automatically a better surgeon than any of my native-born colleagues.

My introduction to the case came in a dramatic way. I was awakened by the telephone bell at two in the morning —that dread hour when the worst always seems to happen —and to my surprise heard a voice talking rapidly at the other end, half in Spanish and half in very broken English. I must come at once, I was told—at once. The speaker's daughter was seriously ill. It was urgent. Her condition was desperate. Unless I came at once the worst might happen . . .

Naturally I imagined that this was an emergency case of life and death. The general practitioner, unhappy man, takes the midnight call more or less for granted; it is part of the day's work, and all too often he knows that he is being summoned to something that could easily wait till daylight. But when a surgeon is called out in the middle of the night he automatically accepts the case as serious; and this man's voice—it was the voice of a very elderly man, I judged –certainly reinforced that belief.

'Tell me what it is,' I pressed, doing my best with the Spanish language. 'Then, if it's necessary for me to come, I can come prepared.'

He told me. Tina was quite incontinent. She could not hold her water at all . . . She was in excruciating pain . . . In the name of holy compassion I must jump into my car at once . . .

Now if this condition had indeed (as I imagined) come on abruptly, the case must be very serious indeed. But such a development was unlikely, and so I continued to ask questions.

'How long has she been in this state?' I demanded.

'For two weeks,' he replied. 'Day and night for two weeks it is the same. Always she . . .'

I checked him with a sharp word. This was too much. For a fortnight, it seemed, this woman had been showing all the signs of being in a thoroughly dangerous state, but nothing had been done, apparently. At last, when these people had decided attention was necessary, they had elected to awaken me at two o'clock in the morning and expected me to dash to her aid as though she were a bad air-raid casualty. The effrontery of it made me seethe with anger, for even a surgeon is allowed to lose his temper sometimes.

With an effort I controlled myself and spoke again into the telephone.

'I will come first thing in the morning,' I said firmly. 'Make her as comfortable as you can. Your own doctor has seen her?'

'*Si, si, señor*, but . . .'

'There's no point in my coming now. Tell the doctor I shall be there at nine to nine-thirty. Do what he says and be patient. If she's been in this state for a fortnight, a few more hours won't make much difference.'

I stopped his further protests and hung up the telephone. I may have sounded cold and unsympathetic, saying what I had, but there was nothing else to do. If I had attempted to argue or reason with him, the call would have lasted all night, and I was desperately in need of sleep, with a busy day past and another one in prospect.

Next morning, before my first appointment, I motored to the address he had given me. The family doctor was there to meet me—a young man who, I think, was a Czech; it turned out that, like so many foreign doctors, he had been granted temporary registration in this country

during the war and had been permitted to continue afterwards.

He had done his best, but he was almost as much in the dark as I was, for he had known the case only a very short while and it had come to him without any history attached to it at all. From the first examination he had urged on the parents the necessity for Tina to have a thorough examination either at a hospital or by a specialist, but they had refused point blank. It was only by pointing out to them that Tina was now almost at the end of her powers of resistance and that I had studied abroad that he had at last induced them to call me in. I noticed, with some amusement, which I hope I concealed, that he was at pains to absolve himself of any responsibility for my having been telephoned in the small hours.

The woman was in a shocking state. She was completely incontinent and could not retain her water at all. A single glance was sufficient to show that if anything could be done for her it would have to be performed quickly.

I turned to the father, a very old man, who seemed more like her grandfather, and made a determined effort to extract some sort of past history.

'How long has this been happening?' I asked.

He spread his hands in the way that was later to become so familiar to me.

'For a long time, doctor.'

'Weeks? Months?'

'For several years, doctor,' he replied, as though there was nothing at all remarkable in the fact.

'For years!' I gasped. 'But hasn't she seen a doctor or been to a hospital?'

'She has seen a doctor when the pain has been too bad,' he answered. 'Or when it has become too unpleasant.'

I drew a deep breath. Surely human folly could go no further than this!

'What did they say? Did you know what they thought was wrong with her?' I demanded, keeping my temper under control with the greatest difficulty.

He shrugged. 'Trouble with the kidney,' he replied.

I pressed him. Was it the right or the left or both? What else had been said?

He did not know. Possibly it was both, but he could not be sure. As for what else had been said, he had taken no interest. Many doctors talked too much.

I turned away from him sharply and looked at the woman on the bed. She was taking no interest whatsoever in what was going on about her. The world had almost passed from her ken. Normally, as I was to discover, the mention of surgery would have roused her to a fury of refusal, but now she was beyond caring whether she lived or died; or perhaps it would be better to say that she would have preferred death. And as things appeared, the chances were that that preference would be fulfilled.

With the Czech doctor standing by I made a rapid examination. The clinical picture was familiar, and the diagnosis, on those grounds, almost self-evident. The enormous lump on her right side was a sign that could not be ignored—one that almost shouted a message aloud. It could portend one of three things only: an ovarian tumour, a growth on the kidney, or an enlarged abscess on the appendix. Of these, the second seemed the most likely, but in the circumstances the exact diagnosis was not of immediate importance. Any one of those possible conditions was very serious indeed, and an immediate operation was demanded. That operation should, in fact, have been performed some time earlier, and her state was such now that its outcome must be extremely doubtful.

These doubts, however, I kept to myself for the time being, though I had already made a mental note that, if an opportunity presented itself, I would have something to say on the subject of gross neglect and dangerous procrastination. For the moment I confined myself to the utter essentials.

'Your daughter must be transferred to hospital at once,' I said. 'Nothing else is possible. If there's a telephone here, I will make the arrangements at once for you.'

'You will go with her, doctor?' asked the old man, giving me a keen glance out of his beady eyes.

I shook my head. 'I cannot. I don't operate at your local hospital, but there are first-class surgeons there, and if you like I'll give you the name of one of them whom I know well.'

'He is English?' he asked.

I stared at him in amazement. What, in heaven's name, could it matter whether the man was English, Dutch, Eskimo, or Hottentot. provided he knew what to do and could be trusted?

'Of course,' I replied, not knowing then of the prejudice that existed.

He slapped his hands together. 'I refuse. It is my right to refuse. No one can operate without my permission—that I know. I do not like operations, but as it is necessary, I will give my consent but to you—to you, Señor Sava, only.'

Once more I sighed. If the wings of tragedy had not been over the scene, I should have been inclined to laugh. It was farcical to think that the father of a woman in immediate danger of death. and obviously in the greatest pain, could quibble like this.

'Not a minute must be wasted,' I insisted. 'The sooner

she goes to the hospital the more chance she has—and even then, I warn you, it is only slight.'

He wagged his finger at me. 'You only, Señor Sava,' he said.

I had to give in. While we were arguing, the slender chance was slipping away. Now there were, at that time, three hospitals at which I operated, though none was near to the Spaniards' home. They were all, as I knew, very full, and the likelihood of their being able to accept this case was remote. But I had to try, and, as there was a telephone in the hall, I began a series of calls. From each of the three the answer was the same: there was no bed available. They were genuinely sorry, when I explained the difficulty, but they could not conjure beds and staff out of nothing . . .

It was not easy to suppress the feeling of savage triumph I experienced when I told the old man this news. Now, I thought, he must agree. The local hospital, which, as I knew, was a very good one, was barely a quarter of a mile away, and it was a large one that always held beds in reserve for urgent cases such as this. But even now he remained adamant. There, with his daughter sinking before his eyes, he stood and argued, insisting that only on one condition would he consent to an operation—that I performed it.

If I had wished, I might have regarded this obduracy as a compliment, but it struck me, even then, for what it was: pigheaded prejudice. Had Tina been the victim of some condition that demanded a rare operation in which I had specialized, then there might have been some excuse for his insistence. Those circumstances did not exist, and the surgeon I was prepared to name was as competent as I to do what was necessary.

'She must go into a nursing-home,' he said.

'It will be expensive,' I pointed out.

He waved his hands. 'That does not matter. If I spend all my savings, then it must be. But you must operate, Señor Sava—you must operate. If a home is the only way, it must be so.'

It was quite beyond my comprehension; it was, I thought, beyond all human reason. Here was a man who had allowed his daughter to come to the brink of death through sheer neglect and who obviously resented paying for any sort of medical assistance, yet who was now prepared to give up the whole of his life's savings merely to satisfy a whim inspired by prejudice. Truly, the human mind is inexplicable. A rich man may, if he chooses, indulge his fancies, even when they go to extremes like this; but this man was far from rich.

Further argument was clearly useless. I was ramming my head against a brick wall in trying to induce this man to see sense. It was his affair. If he wished it so—if he insisted that it must be so—then, in the interests of the patient, his wishes had to be gratified. Wearily I turned to the telephone again and put through a call to a home at which I frequently operated and where I knew there were beds available. In a few minutes the arrangements were made and an ambulance summoned. If the whole situation was fantastic, at least a move in the right direction had been made and the chance of doing something for the patient had been brought so much nearer.

It so happened that I had to perform an operation at that home later in the morning, so, having spoken to the matron on the telephone again and given her instructions that Tina was to rest on arrival, I dashed back to my rooms to keep a now long-overdue appointment, and then went on to the home. By the time the operation was over, I considered that Tina had had enough time to recover

from whatever ill-effects the journey might have produced, and I entered her ward.

Even in that short time, her condition had palpably deteriorated. The tide of life was at full ebb. As I stood gazing gloomily at her I cursed Fate for manoeuvring me into the position in which I found myself. I should have met insistence with insistence, standing firm that Tina should go to a hospital at once, and if my advice were neglected, declining to have anything more to do with the case.

It was not that I was unready to accept the responsibility, though that was grave enough in all conscience. I could see that I must operate at once if she was to have any chance at all of survival, but I could do so only on an emergency basis. The most searching examination ought to be made before she went to the theatre, not only to ascertain her general condition, which was obviously deplorable, but also to establish more precisely what it was that was the cause of the trouble. There should have been X-rays, a blood test, an examination to determine the amount of urea in the blood—a very important item, this last, in suspected kidney disease. These tests were elaborate and would take some time. But even if the patient's condition had permitted of the delay they would have involved, they could not have been performed in that home. It was a good home, but it was small and naturally had not the equipment of a big hospital, which was what the tests would have demanded. To obtain the information I should have had before attempting to operate might have required two or three days; and, as it was, two or three hours might make the difference between life and death to the woman.

Drastic decisions had to be made, and though I tried to comfort myself with the thought that the older surgeons

made them without the examinations I have just mentioned, I was entirely unsuccessful. The only thing to do was to make a visual examination—to open the abdomen and see with my own eyes what was amiss there. But that involved considerable danger with the patient in her low state. It was a risk—a terrible risk, but what else was there to do? I could not throw up the case now. Even then it looked as though the choice lay between death on the table or immediately after the operation, on the one hand, or slow death as she lay there in the bed.

Reluctantly I nodded to the matron, who was by my side, staring at the woman with a mixture of pity and astonishment that any human being could have been allowed to sink into such a state. I do not think she liked my decision, which savoured rather of a course of desperation, but, of course, she made no comment; and in a very short time the theatre was ready and the anaesthetic was being administered.

I have said that the brief clinical examination I had made indicated the patient must be suffering from one of three conditions; and of those three one was almost certain in my mind. That my suspicions were justified was proved as soon as I had opened the abdomen. There was a large tumour on the right kidney; the wonder was that she was not dead already.

Now tumours on the kidney are very rarely benign. Nine out of ten of them either are malignant or become so after a short while, and the only treatment is complete removal of the affected organ.

In the most favourable circumstances, this is a serious operation indeed, since everything depends upon the remaining kidney being able to take over the work hitherto shared with the other. In this case I could not be at all sure that that condition would obtain. I had no data at all

on which to form a judgement. Once again I realized how important those tests might have been. She had suffered for so long, and the tumour on the right kidney was so far advanced, that the other might already have been infected.

A chill descended on me as I turned over the possibilities in my mind. They were three. If I closed my exploratory incision and did not operate, then Tina would be dead very soon—perhaps that very night. If I removed the affected kidney and the other proved unable to stand the strain of double duty, or if it was already involved, then death was no less certain. And finally, if I removed that diseased kidney and the other proved sound, there was a possibility, not that she would ever be a perfectly fit woman again, but that at least she might enjoy a year perhaps of painless life.

My decision had, I repeat, to be made almost in the dark. I had no means of knowing what that other kidney—the key to the whole situation—might or might not do. But there was one slender chance—a hairbreadth chance—of saving her life for a little while; and that tilted the scales. The operation must go on. The risks must be accepted. The probabilities were that she would not survive the operation itself, but at least I could try and give her that one slight chance. It was impossible to entertain much hope; the choice lay, in fact, between certain death almost at once and staving off death for a little longer. And if, in making the attempt to hold death at bay, I failed, I do not think I could have been blamed.

So the kidney was removed. The exploratory operation was transformed into the drastic intervention. Every phase of it was attended by risk and more than once I caught the warning glance of the anaesthetist—the look

that bade me hurry if I could. He said nothing. Like me, I think he was stunned by the whole miserable circumstances of the case, a monument to the folly of neglect, and also by the stupendous risks that were being run.

It was over at last, and the patient still breathed. In the circumstances that alone could be considered a minor triumph. But for how long would she breathe? And, no less important, how long would it be before the remaining kidney could give the answer to the question whether it could do the work of two?

Patients were waiting to consult me in Harley Street, and as soon as I had given my instructions for immediate post-operative treatment I hurried back there. But the moment my appointments were over I set out once more for the home. My correspondence must wait for the time being. All the afternoon I had been expecting the telephone to ring and to hear the news that Tina had succumbed. But the message had not come. It was at least a faint ray of hope.

The matron greeted me with a curious smile that I could not interpret.

'What's the news?' I asked.

The smile broadened. 'A miracle's happened,' she replied.

'You mean she's still alive,' I returned. 'I agree. That is a miracle.'

'More than that, Mr. Sava,' she continued 'It's a real miracle. She's progressing wonderfully. Temperature lower, respiration good, pulse improving. A perfect picture of post-operative recovery.'

'Good heavens!' I exclaimed. 'It can't be true.'

It was true enough. She was still only semi-conscious, but she was obviously better and quite peaceful. To all appearances she might have had some quite ordinary

operation for which she had been properly prepared. No one would have thought that less than twelve hours before she had been in the shadow of death.

I went away that evening with mixed feelings, for I did not know what to make of the case. I felt I was living through some fantastic nightmare. It simply could not be true that she was recovering like this after all that had happened. Either I had dreamed about her condition or my eyes were deceiving me. Yet the facts could not be denied. As things stood, there was little enough cause for immediate worry.

And in the morning the improvement was even more marked. Now she was almost normal, and she managed to smile at me. I was dumbfounded. It was a dramatic recovery, and as I made my way down the corridor from the ward the matron and the sister both showered congratulations on me. I mumbled some words of thanks. As soon as possible I left the home.

Let me confess that, so far from being elated at this striking success, I was almost shivering with fright. So far as surgery is concerned, I do not believe in miracles—but if there were such things then this could claim to be one. But it was too good—far too good—to be true. There was something uncanny about it.

If she had been still alive and showing signs of recovery, I would have been satisfied. If she had shown that she had won back a desire to live, I would have been delighted. But this almost sudden recovery, this abrupt reversal of all she had been before, puzzled and frightened me.

That night I could barely sleep. At any moment I expected the telephone to summon me to the home to deal with Tina's relapse. But the bell remained silent. The long night wore its way through to dawn. Before nine o'clock

I was at the home. The matron was smiling all over her face.

'This is a case I shall remember, Mr. Sava,' she said. 'I've never seen a surgeon so utterly disappointed over a spectacular recovery as you are over this. You might almost have wanted her to die.'

'Of course not, matron,' I returned. 'But it is a little unnatural, isn't it?'

'Maybe,' she remarked. 'But it's the unexpected that always happens.'

She took it for granted that this remarkable progress would continue; and so it did. Tina looked as well as any woman could look after a major operation. The remaining kidney was showing every evidence of accepting its additional burden. Her general condition improved by leaps and bounds. She was well enough to receive visitors, and her parents waited to see me; they shook both my hands, patted me on the shoulder, and poured torrents of thanks and congratulations on me, saying how wise they had been to insist on my operating, for no other surgeon could have achieved such a success. And they used that word I so disliked.

'It is a miracle, doctor—a miracle through the great goodness of God. We shall thank Him, and we shall not forget you in our prayers.'

I was moved by their gratitude, despite my annoyance with them. I wished I could share their delight. But the shadow of fear and doubt was still with me. It was impossible to believe. A surgeon grows used to surprises and particularly to having all his expectations upset. But he cannot and must not accept such complete denials of probability as this case provided.

For two days longer this fool's paradise endured, with congratulations pouring in on the patient and myself, and

even doctors who were visiting the home asking to see the miracle case. And then the bubble burst. The whole glittering façade of pseudo success collapsed.

It was as well that, in the face of all appearances, I had clung steadily to my doubts and forebodings. The crisis did not catch me unprepared. Indeed, strange though it may seem to say so, I felt almost relieved when the emergency message reached me. Here was a situation I could understand—and one with which, I hoped, I could deal.

Up to that moment Tina's functions had been practically normal. Now abruptly she failed to pass water. This was indeed a danger signal of the most ominous kind. It might be due to the fact that the other kidney was diseased or that, while still healthy, it was unable to discharge the duties of two. For the moment, however, the actual cause of the failure did not matter so much. What was important was the immediate consequences, and it was against these that we had to guard. The one bright feature was that Tina had had those two or three days of Indian summer, for they had repaired her strength and resources a little, making it easier for her to bear the shock.

As I drove to the home I turned over in my mind all that had to be done. It was going to be a stern fight, with the dice heavily weighted against me, but I was determined that, within reason, everything should be done. But what was 'within reason'? I had to remember that Tina's family were not rich, and that in a nursing-home everything has to be paid for. Now more than ever I wished she had gone to a hospital.

In the hall of the home I found Tina's father waiting. My heart sank when he indicated that he wished to speak to me. There was no knowing what queer notions this odd

man might not have taken into his head now that this new crisis had come. Only yesterday he had been eulogistic in his praise; now he might have turned right the other way and set up new barriers. I determined that this time, if there was argument, I would have my own way.

Poor man! I did not know how I was misjudging him or that he was there in answer to the thoughts I had had in the car on my way to the home.

'Do not be long,' I said impatiently. 'I am in a hurry to see your daughter. You have heard the news, of course?'

He drew himself up. A sudden change came over him. He looked imposing, almost noble; and there was a look of quiet determination in his eyes. I could not understand it.

'Yes,' he said in a low voice. 'I have heard, but I have confidence in you, Señor Sava. God will not snatch from you the victory you have already won. I am sure of that. This new trial is sent not to punish you, doctor, but to punish me for my neglect and my blindness. But I must not waste your time. You must go to Tina. There is just this I wish to say, Señor Sava, before you see her. I wish everything possible to be done for her, no matter what the cost, nor how troublesome it may be. I am a poor man, Señor Sava, but all my life—a long life—I have worked and saved after the fashion of my people so that when the end came I could leave something for Tina, who, as you know, has been denied the happiness of marriage. Perhaps what I have is not enough. Do not let that trouble you. I have things to sell, good friends from whom I can borrow. Do not count the cost for one moment. God will help me to meet it. Only save her, doctor—save her. Let me see her smile again. That is all.'

I did not know what to say. This was a complete

change, but it was no time for criticism. I was moved and touched by his simple dignity, the sudden efflorescence of his parental love. Silently I pressed his hand and made my way to the ward.

The case had not been exaggerated. Tina had passed nothing for twenty-four hours and that presaged disaster. For it meant that the remaining kidney was not doing its work, and if that happens dangerous waste products begin to collect in the blood, so that in the end the unhappy victim is virtually poisoned by his own bloodstream. And when, as in Tina's case, the interruption is abrupt, the general view is that life cannot be prolonged for more than a week.

She was already in a state verging on collapse, with the wasted appearance that is typical of kidney failure; and there were the usual drowsiness and thirst. Now and again her muscles twitched—a not very encouraging sign. Once again there had been a dramatic change in her condition; she had altered in a few hours from the convalescent to the typical case of uraemia.

General restoratives were, of course, applied, but these could do nothing to ease the main problem, which was to restore the function of the kidney if that were possible. A few years ago nothing would have been possible, apart from hoping for the chance, which sometimes occurs, of a spontaneous resumption of work by the kidney. But now science has come to the rescue of the surgeon in this desperate condition, as in other spheres. It has given medicine an artificial kidney.

The artificial kidney is one of the most remarkable inventions of the time, and in due course it may be as important to the doctor as, in another connexion, the iron lung has become. At the moment its use is largely experimental and the apparatus is available in only limited

quantities in this country. It was originally a Dutch innovation, made by Dr. Kolff working under difficult conditions during the German occupation of Holland, but recently a great deal of work has been done with it in England.

This is not the place to describe the apparatus in detail —and indeed improvements are constantly being made in it—but it may be interesting to describe very briefly in simple terms what it does. The function of the kidneys is, roughly, to purify the blood by filtering it. When the kidneys fail, this filtration cannot occur, and, as I said earlier, urea and other poisonous waste substances accumulate in the circulation. The artificial kidney, which is a fairly bulky apparatus, provides a means of taking these waste products out of the blood. A tube is attached to an artery at the wrist and the blood is passed through the artificial kidney and then returned to the circulation through another tube attached to the elbow. The patient does not have to be permanently connected to the apparatus. On the contrary, it has been found that the bloodstream may be left unfiltered for as long as ten days without undue harm. So it is not improbable that, in the future, sufferers from kidney failure may be able to go back at periodic intervals to have their blood filtered and in the meantime lead more or less normal lives—an exciting prospect in view of the helplessness of medicine in the face of uraemia only a few years ago. And meanwhile the apparatus is always being improved, so that the time taken for completely cleansing the blood may be considerably less in the near future than the ten or twelve hours at present required.

I stood at the foot of Tina's bed, my mind absorbed in her case and re-echoing the appeal that her father had so eloquently made. He had told me, in the Cromwellian

phrase, to neglect no means. He had also bade me spare no expense. Would it be worthwhile to obtain an artificial kidney for her? It was her one hope of life, yet was it worthwhile? It might, by relieving the strain for the time being on the remaining kidney, induce it to work again, and then we could consider the next step.

For quite a time I turned the possibilities over in my mind, and then I nodded to myself. It was worth trying. There was nothing else to be done, and, in fact, the choice lay between that and fairly quick death. I signed to the matron that I wanted to speak to her outside.

She opened her eyes when I told her what I intended to do. Such advanced treatments were not usual in her home; and indeed they were rare anywhere in this country at that time. But my mind was made up. The effort had to be made. If I prolonged Tina's life by a few weeks, even, I felt that all would not have been in vain.

There was some difficulty in obtaining the apparatus, but eventually it was done, and the artificial kidney was installed. After the first treatment Tina took a remarkable turn for the better. She regained normal consciousness. The drowsiness disappeared, and she did not experience undue thirst. Above all she found herself free from pain. This was the greatest reward of all.

'Yes,' she said to me in a weak but clear voice, 'this is the first time for years I can remember being entirely free from pain. It seems almost unreal to me and I can hardly believe it.'

That was the sort of tribute that falls pleasantly upon a surgeon's ears.

Between the periods when her blood was being filtered in the artificial kidney she regained such strength that I decided to make the thorough investigation of her condition which should have been carried out before I operated

on her. It was a long and trying business, but she stood up to it very well. Only with the knowledge that this examination would provide could I decide what hope there was for the future.

But as the reports came in my heart sank. It seemed an outrage of nature that anyone—least of all a young, hard-working woman like this—should have been so riddled with disease. First of all, of course, I turned my attention to the state of the remaining kidney. Whatever hope I might have had was killed at once. This organ was tubercular. No one could expect it to function for long. Indeed, her whole system was the victim of tuberculosis. There was a tubercular growth in one lung, and another in the bladder. The spine showed a secondary tubercular infection. All in all, I think this is one of the most tragic series of reports I have ever had the misfortune to read. From first to last it was a certificate of death, a description of a human system in which the forces of decay and destruction had established a hold that could never be loosened.

With a sigh I laid the reports and X-ray photographs aside. So it was hopeless after all. Our work—I say 'our' advisedly, for without the devoted care of the staff of the home I could have achieved little—had all been in vain. But was that true? I thought of the smile she had given me when I had left her after my visit that day; I recalled her saying, so gratefully, that for the first time for many years she knew what it was to be free of pain; and I thought of the restrained delight that shone in her parents' eyes as they sat by her bedside talking to her of familiar and loved things. Were not these rewards of a kind? Did they not show that some of the work was at least not entirely in vain?

Those were questions to which then I could give no immediate answer. Tina still lived, and no one could say

how much longer she would continue to live, thanks to the scientific miracle of the artificial kidney. There might be weeks or months of this placid, pain-free life; and if that were so, then certainly something would have been achieved.

In the meantime there were other problems to which these reports gave rise. I had never disguised from myself that, in acting as I did, in performing a major and drastic operation on Tina without adequate investigation beforehand, I was breaking some of the golden rules of surgery. But so far as it went, that course, within a limited field, had not been unsuccessful. The patient had survived. She was, at that moment, peaceful and enjoying a period of restful living. I had taken the risks with my eyes wide open, fully aware that I was throwing a gauntlet in the face of death—and my defiance had succeeded.

Yet now, with the truth in front of me, I realized that in my ignorance I had attempted the impossible—almost the fantastic. Aware that one kidney was infected with a malignant growth and that the other was tuberculous, and that the bladder, too, was involved, and, further, that the infection had already spread to the spine, no surgeon worthy of the name and in his right mind would have dreamt of operating. He would have regretfully but sincerely and rightly dismissed the case as inoperable and restricted his treatment to making the last few hours of twilight for the patient as pain-free and comfortable as possible. It had been a hopeless case from the start. But I, forced, as I believed, to do something, had operated. I stood appalled at my unconscious temerity. Truly it was a case of fools rushing in where angels feared to tread.

Yet again the memory of her calm smile came back to me, and I felt glad that I had broken the rules, glad that I had had none of the facts that were now before me. I had

prolonged her life, made her remaining time on earth peaceful. She had to die—and soon; of that there could be no doubt. But at any rate I had not condemned her to a slow and painful death, confessing my inability to relieve her.

When I went to see her the next day my thoughts were full of the strange twists and turns of her case, but I said nothing either to her or to her parents. But now I looked on her with a more critical eye. In its way this calm of hers was as dramatic and unreal as her first false recovery had been. She stood high up in the list of candidates for death, yet she was behaving as though a lifetime of happiness lay before her. For a moment I had to turn my head aside lest she should read something of my thoughts in my eyes.

The end was obviously near. As I watched her I could detect growing signs of weakness, so slight perhaps that she was herself unaware of them. And a little later she slipped over the borderline to death peacefully and quietly in her sleep. Those closing days of hers were, I think, among the happiest of a pain-ridden life, and she had no inkling of how near she was to death. Before she went to sleep she had been looking forward to her father's visit on the morrow. . . .

He came to see me the next day. There were tears in his eyes and his gait was that of a broken man. I did not know what to say to him nor what to expect.

'It is terrible—terrible, Señor Sava,' he said, speaking in the slow Spanish which we had found the best means of communication. 'I cannot yet realize that my dear Tina is dead. But I am sure she is among the saints, having suffered so much and so nobly. Yesterday she was so happy, so much at peace with the world, and now——' He paused and brushed a tear from his cheek. 'Tell me, Señor Sava, you who have been so good and worked so hard for my Tina's life, was there never any hope?'

Slowly I shook my head. He was crushed, yet also he was showing again that simple dignity in grief which means so much more than lamentation.

'None,' I said. 'I myself have known that only a few days, but I could not tell either her or you. You would like to know the truth?'

'If you please, doctor,' he said quietly.

As simply and as briefly as I could I outlined the facts for him.

'So you see', I ended, 'that it was a forlorn hope. If I had known I would never have attempted the operation.'

'But you did,' he said, and there was a touch of pride in his voice. 'You did. God hid the knowledge from you so that your courage should not falter. You gave my Tina so much happiness, Señor Sava. It is a long, long time since I saw her so happy. Always in these late years she has been racked with pain. I am glad of it.'

'But so little was gained—it lasted such a short time,' I remarked.

'It was something. She lived again—really lived. And for that we have no one to thank but you on this earth and God above. When I pray for her soul, doctor, as I shall do daily, I shall remember you always and ask that God may always inspire you with His blessing to give you courage and keep your skill.'

'Thank you,' I murmured. 'Thank you.'

What more could I say? What doubts could I entertain of the wisdom of my conduct when he, her father, spoke to me like that in genuine gratitude and, in some curious way, a tone almost of affection.

'It was my fault,' he said softly. 'I should have acted sooner. But who knows? She might have died years ago. Everything is the will of God.'

A silence descended on us. I had something else to say to him, and I wondered if this was the time. It had to be said soon, however, and at last I decided to speak.

'There is something else I want to ask you, señor,' I said. 'It is a favour to me and perhaps it will help to ease your mind.'

'If there is anything I can do for you, Señor Sava, name it,' he replied.

'It is this,' I returned. 'There are some people—doctors—who will say that I acted wrongly and against all professional standards in operating as I did without a full preliminary examination . . .'

His eyes flashed. 'Let them say it to me,' he snapped.

'No, sir. I beg you to be calm. Naturally I wish to protect myself against rumours. Everyone has his enemies, you know.' I smiled slightly to ease the tension. 'Some may say that if I had not operated, your daughter might still be alive. So what I ask is this. Will you agree to a post-mortem on your daughter to establish beyond all doubt the cause of death and the state she was in? It is, I know, much to ask, but I implore you to consider it.'

He reflected for a moment and then nodded.

'It is, as you say, Señor Sava, much to ask, yet I agree if it will help you. I owe you a great deal and that is small repayment. Let it be as you wish.'

I thanked him and he went away.

One of the best pathologists in the country made the post-mortem and his findings confirmed that Tina's death had been due entirely to natural causes, having nothing to do with the effect of the operation. Indeed, his own private opinion, expressed to me, was that it was a wonder she had not died long before. In a case so full of strange surprises that was, perhaps, the greatest of all.

So ended the case of Tina, one shot through with tragedy. It began in ignorance and prejudice, and curiously that motif of ignorance continued. For if it was her own and her family's ignorance that allowed her to advance to her incurable state, it was my ignorance that led me to operate. I do not regret it. The more I think of it, the less I can admit any blame. There are moments when faith based on ignorance is greater than all the knowledge in the world. Here at least it brought a glorious sunset to a life that had for so long been lived out under the clouds.

Chapter Nine

THE CASE OF THE RAILWAYMAN'S ARM

The heterodoxy of today, it has been said, becomes the orthodoxy of tomorrow; and it is certainly true that when one does stray from the paths of the strictest orthodoxy one often stumbles on facts and gains rare experience which proves of the greatest value in one's work afterwards. Sometimes the discovery may be superficially quite trivial; on other occasions it may have a greater importance. But whatever it may be, it is a contribution to knowledge, whether personal or general.

What is so astonishing about these transgressions is their apparent spontaneity. The discovery seems to be absolutely spontaneous and accidental. It is not the end of a long period of thought and research, but rather it seems as though one is inspired by some extraordinary intuition and perception. That, I say, is how it seems, but I have doubts in my own mind whether it is all quite so fortuitous as that. Our unconscious plays us queer tricks. We all know how sometimes it solves problems that our conscious thought finds insuperable—an illustration of the truth in the old advice to 'sleep on one's problems'. One puts the question from one's mind and turns to other things—and then when next one considers it, there is the answer ready and waiting, ground out by the ceaseless mills of the unconscious.

Something of the sort is concerned in cases of the kind I have mentioned, where, for no obvious reason, one suddenly decides to abandon safe routine methods and embark on a course that appears hazardous, experimental, and almost unjustifiable. I do not believe that this is a mere freak. Time and again one has performed a certain operation for a certain condition, and the results have been satisfactory; there is no reason why one should do anything else. Yet, at the back of one's mind, the half-unconscious question develops: Isn't there some other and better way of dealing with this? One carries out no definite research; perhaps one does not even think any more about it. But the grist has been thrown into the mill of the unconscious—and sometimes some good grain comes of it. So it is that when a suitable case occurs one feels a seemingly inexplicable prompting to break away from the conventional and strike off into new paths, to the astonishment of one's colleagues—and often of oneself.

Certainly I had no overt reason for acting as I did in the case of the railwayman's arm. Textbooks, experience, and prudence—as well as personal convenience—alike all said clearly that there was one, and one only, procedure to adopt for the terrible condition in which he was brought to hospital. Indeed everything had been got ready for that particular operation. It was only at the last moment that I changed everything and decided on a course which, superficially at least, had nothing to recommend it and almost everything to condemn it.

I recall the occasion well, not only for the interest of the case itself—an interest which, as I have hinted, arose out of my own sudden urge towards heterodoxy, for otherwise it would have been mere routine—but also because it upset some personal arrangements of mine. It was one of those cases, in fact, which continually turn up to

remind the surgeon that he should not make plans too far in advance for his own amusement or entertainment. Fate has a little knack of providing emergencies for such occasions as though to impress upon the too hopeful doctor that he is the servant first of his own profession.

The case came through on a Saturday morning. Now I, like most surgeons, operate quite a good deal on Saturday mornings, since no doctor may regard a free week-end as his inalienable right as so many other people do. And this happened to be a very special Saturday morning. Some friends of mine were going to take me to see the Boat Race, which was being rowed during the morning, and I was to be called for quite early. In fact, if the summons had come half an hour later I should have been gone and this chapter would never have been written. It was an outing to which I had been looking forward. So far I had never seen the Boat Race; it was one of the great English sporting festivals to which somehow I had never found my way; and I felt that this was a great chance of correcting an omission on my part, to say nothing of the general pleasure of a day off from work.

My friends had already arrived and we were having a chat before departing when the telephone bell rang. It was, I thought as I lifted the instrument, probably of no importance. I had no cases at that time that threatened any sort of trouble; and I had, in fact, been congratulating myself on it as a guarantee that I could enjoy the Boat Race in peace. But my confidence waned when I recognized the voice of one of the house-surgeons at the hospital —he was not likely to telephone except as a matter of urgency.

The facts soon emerged. A bad accident case had been brought in—could I come at once?

'Very bad?' I asked.

'Yes,' replied the house-surgeon. 'One of the worst I've seen since the war. Immediate amputation, I think.'

I sighed. I trusted this young surgeon, whose abilities experience had taught me to admire. He would not speak in those terms unless he was very sure; and he would not be sure unless the circumstances demanded it. There was no getting away from the fact that I had to go to the hospital; nor could it be denied that my friends were anxious to start for the river. I glanced at the clock and made a mental calculation. An amputation, the house-surgeon had said. Well, that was pretty straightforward. I might have time to finish the operation and still see the Boat Race. With a shrug I turned to my friends.

'Just my luck,' I remarked. 'An emergency case—bad accident. I've got to go to the hospital at once. But I think I shall be able to join you in time. I suggest you go on, and I'll try to get through later. At any rate, I may be in time to celebrate the victory of whoever wins.'

There was a murmur of commiseration, and someone suggested I—or the hospital—might find another surgeon.

'No,' I replied. 'It's my case now. I'll do my best, and I'm pretty sure I shall be with you in time.'

I confess that I drove off in my own car feeling a little depressed and disappointed. Why, on this of all days, should people choose to get involved in bad accidents? It was a stupid question, of course. It was precisely at awkward times, from the surgeon's point of view, that people did decide to make emergency cases of themselves. That is a lesson underlined time and again by experience—but it never makes the sudden case of this kind any the more welcome.

The house-surgeon was waiting to greet me when I arrived at the hospital. I could see from his expression that

the case was serious, and while I walked along the corridor he gave me the outline of the facts.

Jim, the patient, was a railway worker—a shunter in the goods yard not very far from the hospital itself. He was also, it seemed, an enthusiastic athlete and made semi-professional appearances as an all-in wrestler.

'Good thing,' remarked the house-surgeon sagely. 'He's as strong as a horse and as fit as a fiddle, and that should help to pull him through.'

I nodded. The house-surgeon's words were, in the event, to have a greater significance than he dreamed.

'How did it happen?' I asked.

'Hooking up wagons,' replied the house-surgeon. 'Got careless, I expect, and took too much risk—the old, old story. Lucky thing for him is that he managed to jump and get his head out of the way of the buffers. Otherwise he'd have been a goner. But he couldn't get his arm out of the way, and it seems to have taken the full force. Nasty sight.'

'I see.'

'I'd rather you saw it for yourself, sir,' said the house-surgeon.

'Of course. But it's a damned nuisance. I was just on the point of leaving for the Boat Race when you rang.'

'Oh, bad show, sir—bad show,' murmured the house-surgeon sympathetically. He turned his wrist and consulted his watch. 'But maybe we can make it, sir. It's a clear-cut case for amputation in my opinion, and I've told them to get the theatre ready for it. So as soon as you've seen him and confirmed, we can rush him in and if there are no complications you can get away.' He was always a very helpful young man. 'It'll be O.K., sir, you'll get there yet,' he concluded.

I nodded, and entered the ward. As it turned out, I was not to get there, despite the young man's optimism.

Certainly it was a nasty case. The right arm had been crushed to pulp, and I agreed with the house-surgeon that it was one of the nastiest cases we had had there since the days of the air-raids. Apart from a small patch on the upper arm and the hands, there was practically no skin at all left on the arm—and what little did remain consisted of tattered strips. In addition, there were multiple fractures involving the radius, ulna, and humerus. The bones of the forearm had been broken in three places, and when the emergency dressing, which had been applied by the railway first-aid staff, was removed, a small piece of bone slipped clean away and would have been lost but for the alert eyes of the sister. There had, of course, been profuse bleeding and the patient was in an extremely low and semi-conscious state as might have been expected.

For such a case there was only one possible procedure —or so I thought at the time, as everyone else concerned did. The arm must be amputated, leaving, perhaps, about a third of the upper arm so that an artificial limb could be provided. Even to consider any other course would have been fantastic. An attempt at reconstruction would be surrounded by the gravest risks. Not only was there the danger of sepsis and gangrene, but the shock of prolonged operative treatment would so increase the already heavy shock that the patient would be subjected to intolerable strain. The house-surgeon had certainly not run ahead too fast in giving instructions for the theatre to be prepared for an amputation.

'Yes,' I said. 'It's an amputation case, all right. Everything ready?'

'Yes, sir,' replied the house-surgeon.

I began to wash and make myself ready; and as I did so I have to confess that my thoughts turned again to the Boat Race. With no more than ordinary luck I could get this operation completed, see the patient settled, and then be on the road for the river. If the traffic was not too dense—and I knew a good many side-roads that would enable me to short-circuit the worst blocks—I might just about join my friends in time to see the finish.

Everything was ready, and the anaesthetist would begin in a few minutes to put the patient to sleep. Then, for some reason I cannot explain rationally, I gave the patient a searching look. He was still in that state of semi-coma, and though his lips tried to frame words, he was too weak to speak. But his eyes were eloquent. They were pleading with me—and there was something in them of the trusting, imploring look of a dog's. But what was it? Was he appealing to me to save his life? He need not worry much about that; it would be a straightforward amputation.

As I mentally said the word 'amputation', I realized it was that of which he stood in fear. He wanted me to save his arm. . . . Yes, I was sure of that now, though how and why I should be I could not say. Perhaps it was telepathy; perhaps it was the result of experience in the blitz, when so many looked at me in that speechless, imploring way, begging me wordlessly to send them back not merely alive but also whole. The reason, I say, is obscure, but I had no doubt I was right.

I turned away again, about to sign to the anaesthetist to proceed. Naturally he wanted his arm saved; no one parted with a limb for sheer pleasure. And, just as naturally, I or any other surgeon would save it for him if it was humanly possible to do so. But with those multiple

injuries, a limb with no skin, from which masses of muscle had been torn—the idea was ridiculous.

What followed was one of the most curious experiences I have ever had. All of us know, I suppose, the 'still small voice' of conscience which argues with us when we try to deceive ourselves that we are acting under compulsion, though, in fact, we are merely choosing an easy way out. That exactly defines my state of mind at that moment. It was as though a second self within me was disputing my honesty, accusing me of accepting the idea of amputation without considering any other course and trying to dismiss a possible alternative as fantastic merely because I was too lazy to think about it. Moreover, added this censorious double, it was only because I was in a hurry and wanted to get away to the Boat Race and enjoy myself that I was acting as I did.

To the surprise of the anaesthetist and the house surgeon who was going to assist me, I told them to wait for a moment or two as I wanted to think. About what they clearly had no idea, to judge from their expressions; this was a case that barely demanded thought. That was precisely the problem. Was I deciding on amputation merely because it was the routine, the conventional thing to do? And I knew that I had to resolve that problem before I could carry out the operation with a clear conscience and a good heart.

What else could be done? Even if the practical, surgical problems of reconstructing that shattered, crushed arm could be solved, what of the other risks? The patient was heavily shocked and in no state to undergo extensive surgical treatment. Above all there were the menacing spectres of gangrene, sepsis, and septicaemia. The patient's life was by no means unthreatened as it was; it would be foolhardy to expose it to further dangers, criminal to

depart from the principle that the first consideration in an emergency of this kind is to save life.

Nonetheless, the uneasiness remained. The look in the man's eyes seemed to say to me: 'Take what risks you like. I don't care if I do die if I lose my arm. I would rather be dead than have only one arm. I'm a labourer. My arm is to me what your hands are to you. Please —please don't amputate.' The experience was so vivid that I had to look at him to make sure that his lips were not framing the actual words. They were motionless, though drawn into an expression of suffering.

The anaesthetist was getting impatient now, and my house-surgeon was looking at me in puzzlement. So I roused myself from my brown study and set my jaw.

'I shall not amputate,' I said decidedly.

I knew there would be argument, and I was quite right.

'But, sir,' expostulated the house-surgeon, 'if you don't operate what will you do? What can you do?'

'I shall try a more conservative operation,' I said; and I remember that it struck me, even at that odd moment, how to many ears that word 'conservative' would have sounded inappropriate. For I was using it for something that, if it succeeded, would be utterly unconventional, almost revolutionary. But the sense was medical and literal. I was going by every means in my power to try and conserve as much of that arm as I could.

But if my mind was made up, it was difficult to justify my decision. I was exposing this unhappy man to untold risks. Instead of an amputation lasting for perhaps half an hour, adding little to the shock he had experienced, I was about to subject him to perhaps three hours or more while I carried out an operation that might or might not be successful, and that might well, if he survived

it, have to be followed by the amputation it sought to avoid. But there was no retreat now. My decision was made and could not be revoked. Nor did I or my conscience wish to revoke it. I was as certain as I have ever been of anything that what I was proposing to do was right. And I was still uncomfortably aware of being a dual personality: one, the practical, experienced surgeon protesting that what I intended to do was fantastic; the other, some sort of idealist who was ready to risk everything, even the man's life, for some barely specified end.

Now the patient was under deep anaesthesia and I began; and the further I went, the more obvious it became that I had taken on a very difficult task. First of all, the whole of the limb had to be thoroughly cleansed. The tattered skin and tendons had to be trimmed and made as normal as possible; and so with the muscle. Of this latter about one-third had to be removed. I do not mean that I took away one-third of the man's muscles—which would have made any attempt to save the arm ridiculous—but that each was reduced to about two-thirds its former bulk. By the time all this trimming and cleaning had been completed, an hour had passed. For sixty long minutes that suffering man had been subjected to further shock, and so far the main part of the operation had not been reached.

Before going further, a mild electrical stimulus was applied to the muscles. This was a crucial test, and all of us watched anxiously and, I think, rather sceptically. For if those reduced muscles failed to respond, all else would be in vain; the arm would, even if saved, be useless. There was a look of enthusiastic triumph in the house-surgeon's eyes when we noted the feeble reaction; I think now he was even keener than I to see this operation

through to success. That reaction, small and barely perceptible though it was, indicated that the nerves had not been destroyed, and that a faint hope could still be followed.

When this cleansing procedure had been concluded, the only skin that remained was a small patch on the inner side of the upper arm near the elbow and some areas on the hand and fingers. So large an area could not be left uncovered without virtually condemning the patient to the certainty of gangrene and probably death. It was necessary, therefore, to cover the area with new skin derived from another part of the body.

The required skin was obtained from the abdomen. By the use of a special instrument, invented and perfected in the United States and known as a dermatome, four thin strips of skin, each perhaps ten inches long by four inches wide, were obtained from the abdomen, leaving practically all of the latter region exposed. But this would heal with less danger than the arm; the tissues there were normal and had not been damaged in any way.

These four strips were then stitched to form a sort of sleeve. Afterwards, the house-surgeon, with the macabre sense of humour of his kind, said that the sleeve of skin reminded him of the white sleeves worn by policemen on traffic duty; and I have to confess that the description is not inapt. Not only did the sleeve bear a strong resemblance to that part of a policeman's equipment; it was slipped on in much the same way, except that it extended further.

The main problem now was to attach the sleeve firmly in position, but before that could be done the question of the broken bones had to be dealt with. As I have said, one of the bones had been broken into three pieces, so that the centre portion slipped away. When I came to

try to fit this into position I found that the edges had been badly chipped, and the bone ends had to be cut and moulded to set properly. But at last this was done, and the final phase of the skin graft could be started.

There was not much skin remaining, but it was enough if luck served me; and more than that, it provided anchorages at convenient and strategic points. I found that the sleeves could be firmly attached, and when this had been completed the operation was over.

I glanced at the clock. The whole intervention had occupied no less than three and a half hours. It was a grim thought: the skin graft might be in position, but what had three and a half hours done to the patient?

The anaesthetist was looking grave. It had been touch and go on several occasions, and he had been hard put to it to maintain the patient's respiration and heart. Several times he had thought that the patient was dead. Clearly he disapproved of the whole thing, and I believe he was inclined to regard me as some sort of exhibitionist who wished to display his skill in plastic surgery on a very inappropriate occasion. I may be wrong, for he made no comment; but I certainly obtained that impression.

But the time firm bandaging had been applied and the arm encased in plaster of paris, the patient was more dead than alive; and as I watched him being wheeled away to the ward I began to wonder whether it had all been worthwhile. At that moment, I admit, I felt that it had not, and that I had been guilty of a very grave misdemeanour.

There was no doubt that the shock had been greatly increased by the operation. Only one thing was sure: the patient was still alive. But for how long, and what the final outcome would be, no one could even guess. And if some dangerous complication occurred and emergency

amputation had to be made after all, it was more than likely that he would not survive even another half an hour on the operating table. Truly I had taken high risks in this case—risks the thought of which appalled more and more as I reconsidered them.

But now I found myself the centre of congratulatory comments. The house-surgeon, the anaesthetist, the theatre sister—all were complimenting me on the operation. Yet I detected a certain tone in their voices that suggested they were not altogether filled with the enthusiasm they professed. It was rather as though they had made up their minds the patient could not survive and were trying to soften the blow beforehand.

Yet, even if that were so—and maybe I am wronging a team that did everything human beings could do to help me in a task that must rightly have seemed to them unjustifiable—there was no doubt that everyone concerned with the case was now determined to save that patient if he could be saved. It would be a hard fight—and perhaps a losing one from the first.

He gave us little initial encouragement. For ten whole days—days that seemed to me and all of us on the case interminable and hopeless—he showed not the slightest sign of any improvement. It is not too much to say that he was kept alive by the continual blood transfusions that were given. He remained comatose and unresponsive, until at last there seemed nothing to do but wait for the end.

And then, as not infrequently happens, there was a dramatic change that took us all by surprise. Without any preliminary signs at all, Jim suddenly recovered consciousness. More than that, awaking from his coma in the early morning, he demanded a substantial breakfast —a wish that was readily gratified, since anything that

would improve his strength was a distinct gain. From that moment his general recovery was steady if not spectacular. Each day showed some betterment.

One phase of the fight had been won. But we were not in sight yet of complete victory. No one could know what was going on underneath that plaster cast that encased his arm. Such small hints as there were hardly encouraged optimism. Despite the maintained general improvement, the temperature still remained high. That might portend anything. He was having continual injections of penicillin, of course, to combat any possible infection, but all the same there might be gangrene. Anything might have happened underneath that cumbrous mass of plaster.

I longed to break that cast apart to see what was happening. For the first time I realized to the full the agonies and anxiety lived through by the first surgeons who, setting the older methods aside, adopted the Truetta method of treating injuries by using these casts. They record how they felt they must break them open to see what was happening; and it would have been as fatal in their cases as it would certainly have been in mine. The temptation had to be resisted, but it was sometimes so strong that I almost feared to visit the patient lest it should overcome me.

Almost as dramatically as his recovery of consciousness, his temperature dropped to normal, and I heaved a sigh of relief. At least, I told myself, the penicillin has kept infection at bay. But for all that relief, problems still remained. The skin graft might not have taken; the bones might not have knit together; there was a hundred and one contingencies, thinking about which made my head reel.

By this time, the case had acquired a certain fame—

or notoriety. In the hospital, speculation on the outcome was frequent, and the irrepressible house-surgeon had prophesied that there would be a large and enthusiastic gathering for what he termed the 'unveiling'. He was right. Not only were as many of the staff present as could possibly find excuses to be there, but two surgeon friends of mine, who had asked permission to witness the removal of the cast, also attended. With so many peering pairs of eyes about me, so many tongues ready to provide comment, perhaps I may be excused if I say that I felt like suddenly shouting and driving them all from the ward as though they were a flock of inquisitive sheep.

It was forty-five days after the operation that the 'unveiling' took place—forty-five days of anxiety and doubt, of few hopes and many fears. I had thought so much about the case, foreseen so many possible outcomes, that now, with the critical moment arrived, I felt numb, barely caring what should be revealed.

So the cast was broken, and as the oiled gauze beneath it was stripped away there was an intense silence. Everyone peered forward. I think I was the only one present who had to force himself to look. And then followed one of the most remarkable and grateful sounds I have ever heard. It was like a great communal sigh of relief and happy surprise. For the risks had come off; the operation had succeeded. The arm had been saved.

Gone were all the doubts that had tortured me for more than six weary weeks. The whole area had healed beautifully. There was not the smallest suspicion of gangrene. All the terrible things I had imagined were proved false. I was so entranced, so overjoyed, that I barely heard the murmurs of congratulation that rose round me. For me, the success in itself was more than enough—more, perhaps, than I deserved.

For that it was a success cannot be disputed. In nearly a quarter of a century's experience of plastic surgery, I have had a lot to do with skin grafts, and I think I can say honestly that, despite all the difficulties, even what was virtually an improvised operation, I have never seen a better one than this turned out to be. If I had spent days and hours planning it and preparing the patient for it, I could not have hoped for a better result.

But what of the bones themselves? A successful graft would not avail much if they had not joined. The tests were made. There, too, all was well. The whole thing was a major triumph.

There still remained the question how far the patient had benefited from these drastic means that had saved his arm from amputation. Would the arm be useless? The tests we were able to apply in the first case suggested that there would be at least some degree of movement; but considering the amount of muscle that had been removed, I did not expect that movement would ever be normal; some slight stiffness, of which he complained quite early, would always remain. The arm itself was much smaller than it had been—perhaps by as much as one-third; it was perhaps a pitiable replica of the muscular arm of the labourer-wrestler that had preceded it. But the fact remained that he had the arm, and even a reduced one was better than an artificial limb, no matter how ingenious and efficient the latter might be.

So far, so good, was my thought. Everything now depended on how he would consolidate the success won. So much would rest upon him. But he showed a determination to get well. He wanted to use his arm, and he submitted regularly to treatment by the physiotherapists, never missing a session, whether it happened to be for massage or electrical measures. He was, in fact, a model patient.

Even then all my doubts were not resolved. Often cases promise well and then collapse for no apparent reason. That was particularly true of those which had followed a more or less uncharted course of treatment. Gradually these doubts dispersed as the good reports continued to come in, and eighteen months after that eventful Boat Race Day I felt I could describe the case as one of my more spectacular, if luckier, successes. He was as well as ever he had been, and almost as strong, so good had been his response to the after-treatments. Apart from the slight pinkness of the new skin grafted onto his arm, the limb was perfectly normal to the eye and showed no traces of the violent damage it had received.

So Jim survived the risks to which I submitted him. He is much as he was before that terrible accident that so nearly robbed him of his life—or his arm. He was able to resume his old work, for his nerves had remained sound, and he has even been promoted to the status of a charge-hand. The accident that might have stopped his livelihood and reduced him to semi-crippledom has left him unscathed. In only one particular does his life now differ from what it used to be: he no longer wrestles. I warned him against it. There is no point in taking needless chances with bones that have been badly broken; and he fully agreed with my advice.

When at last I decided that the operation had been completely successful, I invited him to call on me for a chat in the less formal atmosphere of my own rooms. To my surprise he did not come alone, but had with him a neatly dressed and good-looking young woman whom he introduced as his wife.

'I had to come, sir,' she said in a voice charged with emotion and with tears in her eyes. 'I hope you won't

mind, but I felt I had to see you and thank you for all you did for Jim. It was wonderful, doctor—a miracle if ever there was one. They told me his arm was sure to go and I wondered how we'd manage, because, you see, he's not the type of man who'd be happy in the sort of job you can do with one arm. And then you sent him back to me just as he was. Apart from the wrestling, that is', she added with a sudden smile, 'and to tell the truth I'm very glad he's through with that. I never did like it.'

'Thank you,' I said. 'It has turned out well—better than anyone could have hoped. But to do it I had to subject your husband to risks that were really beyond all justification. He almost died on the table. And if he had done, I wonder what you would have said—then I expect you'd have cursed me for attempting the impossible—and you would have been right.'

Jim smiled grimly and shook his head.

'No, sir. That's where you're wrong. I know why you did what you did,' he said; and I glanced at him in amazement.

'Yes,' he went on. 'You remember the way you looked at me just before they started to give me the gas? I was praying then—I couldn't speak, though I did my best to. I prayed as hard as I knew how. I don't often pray, sir, I'm ashamed to say, but I did then. And I asked God to tell you not to amputate my arm, but do anything else—even if it meant I'd die. I could never work with one arm. No, sir—never. And God was good to me, sir. He did tell you what to do—and you did it—and right glad I am, sir. I'm back in the old job and got a bit of a leg up, too. So now I can go on working for the missus and the kids like I've always done, and I don't have any fear that I'll just be a burden to them.'

'You wouldn't have been,' I pointed out. 'A man with an artificial arm can do lots of jobs.'

'Not me, sir.' He shook his head. 'Not me. I've always been an active chap, and I like hard work. '

'And perhaps that's the secret of it all,' I returned. 'It was your fitness and your tough constitution that pulled you through. I forget how many times we thought you'd gone beyond our help—but you pulled through.' I smiled at his wife. 'So you see, even wrestling can be a help.'

'Yes, sir. It never does a man any harm to keep himself fit.'

It was a satisfactory case in every way, so far as the results were concerned; but whether it is one of which I ought to be proud is quite another question. I took a huge risk—and it was justified by the results. But if I had failed, then few if any could have said a word for me.

Nor can I explain to this day why I took those risks, changing my mind at the last moment. Perhaps it was telepathy—perhaps Jim's concentrated thoughts forced their way through to me, though he could not speak. Certainly that was the impression I had at the time—but emotional convictions in times of crisis are not always reliable guides to the truth. No, the reason lies deeper I am sure, in the dark recesses of the mind but what it was and how the urge came to the surface, I do not know.

But this at least I know—and though I have long known it, I see it so much more clearly after this case: that I will never criticize anyone who fails in attempting something new or unorthodox, provided he has done so through a genuine desire to find out new ways. For without that spirit, where can surgery be, whence will progress come? It is so easy to play safe, so simple to accept unchallenged the established opinions of authority, to take the textbooks and the learned papers as infallible.

But there must come a time when every truth and every principle must be challenged anew to discover its worth and its validity. Neither in surgery nor in anything else can any one system be taken for granted for ever.

That does not mean that whenever in the future I am faced with an amputation I shall refuse to do it but shall attempt instead some elaborate reconstruction, such as I did for Jim. Not always—indeed rarely—can it be successful till our knowledge expands. But at least now I can be sure, having proved it with my own hands, that it is possible, even though only remotely so at present, to save a limb that looks mutilated beyond recall. And what is remotely possible today becomes the routine tomorrow. That is what the history of surgery throughout the ages—the long, long ages of its existence—proves conclusively.

Chapter Ten

REFUSAL TO DIE

Facts have a nasty habit of turning the generalities expressed in conventional phrases inside out, so that they become, instead of fossilized commonplaces, inversions of the truth. Probably there is no cliché that more often seems to the doctor a grim contradiction of fact than that which describes him as being 'in charge of the case'. There are too many occasions on which it seems to him that, so far from his being the directing will, it is the patient who has taken affairs into his own hands, defying all the known principles of medical science and the lessons of his own experience.

The results of some of these reversals of the normal are occasionally tragic. One does everything within one's power for a certain patient. Examinations, repeatedly made, show that there are no physical complications. From every angle the case appears precisely similar to dozens of others which one has brought to a successful conclusion as a matter of routine. Yet in spite of all, the patient obstinately refuses to get better. The most advanced treatments, the finest nursing, the closest care, alike prove unavailing; and in the worst examples the patient dies. Frequently it is said that he 'lacked the will to live', but is that comfortable phrase any more than

another medical cliché disguising ignorance? True, today we are very much alive to the importance of psychological factors in illness and health, but no one yet has defined the 'will to live' or given any description of how it works and affects the whole of the human system, making the latter apparently immune from all the normal laws of biochemistry and biophysics.

On the other, and happier, side of the coin are those cases where this mysterious 'will to live' is so powerful that the patient literally refuses to die. A patient comes to the doctor with a condition that is plainly incurable, either because it is one of those for which there is no known remedy, or—and more frequently—through neglect. Every known medical fact of the case indicates that death must occur sooner or later, and sometimes one is able to say, so clearly defined is the picture, that it is practically certain to come within a specified time. Naturally, everything possible is done, even if it amounts to no more than the alleviation of pain, so that at least the patient can end his days in comparative peace and comfort. But there is something about him that declines to admit defeat. He does not die, though the prognosis is completely hopeless. Moreover, sometimes he proceeds, after having set all one's knowledge and experience at defiance, to make some sort of recovery, which may give him life for a year or two.

Naturally, no good doctor has any complaint to make about the latter type of case, however humiliating it may be to be proved so obviously wrong. It is surely better that a doctor's opinion should be falsified and a human life saved than that death should confirm his judgement. To think otherwise would be to assert that medical science is infallible. And that, despite the advance of recent years, so spectacular in many ways, it is not; there are many

aspects of the complicated human system that we have barely begun to understand, still less control.

Cases of this kind which upset all balanced calculations often excite one to indulge in what I have called in this book transgression. Because the whole situation is so abnormal, one is tempted to try the unorthodox, even on occasion the risky outside chance. This applies, of course, to those cases where there is little or no response to the generally accepted treatment. Obviously, if a patient one considered hopeless is recovering, one does not immediately try to arrest his progress so that one's professional reputation may be saved!

Though this is the general rule, there is one case that remains in my mind as an example of a patient's refusal to die that led me into a number of transgressions—but not, let it be said at once, with any desire to prove medical opinion right and the patient's tenacity of life wrong. It was simply that the case presented a number of interesting problems that inspired a particularly keen attention.

The patient was a retired planter who had spent practically the whole of his adult life working in the Far East. He was typical of his kind—decided in his manner and outlook, not perhaps over-subtle in intelligence, but, for all that, the sort of man one would like to be in touch with in an emergency. He was, in fact, what he himself would have described in his own language as 'a good scout'. I liked him from the first, and when, little by little, the details of his career leaked out, my liking was reinforced by admiration for his determination and his ability.

His life had not been one of gradually maturing in an established ordered environment, such as is the life of many Europeans in the Far East. Misfortune had come to him, even to the point of disaster, but he had laughed at it

and defeated it. Three times in his life he had built up a sizeable fortune only to lose it—and begin all over again. The first had been in China and had been utterly swept away in one of the perennial revolutions or civil wars of that unhappy land. That had been in the far-off days before the 1914 war, when Hugh, as we will call our planter, was quite a young man—a very young man to have gained such success. A sharp protest had been made by the British Government and a peremptory claim for compensation made; but despite the fact that both were underlined by the appearance of gunboats, nothing came of them for the simple reason that no one knew which faction was the official government of China, and in any event none had the funds to pay.

Undeterred by this stroke of ill-luck, Hugh started afresh. He moved to new territory, further south and west. By industry and skill, he soon recaptured his lost fortune, and indeed exceeded what he had done before. Then in 1914 came the war with Germany. Hugh came to Europe with one of the colonial detachments, served in France and Flanders, and covered himself with modest glory. It was during this period that he won the title of 'colonel' by which he was often addressed, and which led one, in the first place, to imagine that he must have been in the regular army—probably the Indian Army. It was not so. Hugh had been a civilian soldier—and like so many of his generation a very good one. On demobilization he returned to his estates in the Far East to find that those whom he had left in charge had been unfaithful in their trust. To all intents and purposes his whole property had been sequestered. It was a bitter blow for a returning soldier filled with the desire to take up the threads of civil life where he had dropped them. Once more he was practically penniless.

The same strain of dogged perseverance—that inability to admit defeat which was to take so strange a turn in later life—reasserted itself. For the third time in his career he started to build his fortunes from the foundations. It was harder now, for the years after 1919 were full of difficulties and later a world slump had to be weathered. But in the end he succeeded, as he had done before; and this time it looked as though his victory would be permanent. Firmly established, his business grew steadily year by year, till, in 1939, he could claim to be quite a wealthy man.

The second war broke out and Hugh again volunteered for service. This time his fighting spirit was rejected by authority. In the first place he was now too old for anything but a staff post, which would not, anyway, have appealed to his vigorous and aggressive character. In the second it was—rightly, I think—held that his job was to develop the resources of his estates to strengthen the tremendous effort that the Empire must make.

Hugh responded nobly to the task. The production of his lands mounted. He spared neither himself nor his employees, feeling that he had an important war job to do. His only aim was to do what the Government thought was best for the cause, and he had no thought of profit. In any case he was now in no need of more money. Once the war was over, he told himself, he would retire, return to England, and settle down to end his days in peace, untroubled by the shadow of want.

So indeed he might have done had the war been confined to Europe. But the Japs swarmed over the Far East like devouring locusts—and among the things they ate up was Hugh's estate. He himself managed to escape—and not, as he would point out with evident and grim satisfaction, without making the invaders

pay for it, civilian though he was. The final years of the war were spent in India in advisory work for the Government.

Peace did not inspire Hugh to recommence for the fourth time. He had had enough to satisfy even his ambition. Yet his determination still remained, and, returning to the wreck of his estates, he managed to restore some sort of order and reclaim something from the wreck. In the upshot he found himself the possessor, not, it is true, of the wealth that he had expected for retirement, but, as he put it, 'of a few thousands, enough to provide a good income for the Government and leave a little over for me to live on'. He bought a cottage in Sussex with a little land attached to it and took up the life he had always promised himself.

If these biographical details seem irrelevant for what is to be a medical case history, they are not so, for they give more than a clue to the character of the man, his unquenchable determination, and his grim, tenacious courage. It was precisely these qualities which made his case unusual and introduced the factors that made it notable. For when illness came, he showed precisely the same defiance of Fate that had enabled him to take the loss of three fortunes in his stride.

But illness was not a word that figured largely in Hugh's vocabulary or experience. Years of hard work and a naturally tough and vigorous constitution had made him resistant to any and every sort of attack, and he does not appear to have been more than a passing victim even of those maladies and disorders which, in the Far East, are taken for granted as the normal incidentals of existence there.

'Illness, old boy?' he would say, shrugging his broad, muscular shoulders. 'Never had a day's illness in my

life. Had measles as a kid, I believe, but you don't count that.'

This claim to lifelong immunity may not have been literally true, but it gave a reasonable portrait both of his life and of the man's outlook. Being like that, regarding illness of any kind as something of a sign of weakness, he was in no sense apt to mollycoddle himself. He had lived hard all his life. In some of the situations he had been in, any kind of illness might have proved fatal, for there would have been no medical aid available. So he dismissed pain as of no consequence and if he had a twinge of pain he would explain it away by an appeal to his age.

'Just *anno domini*, you know, old man,' was one of his favourite, if not very original, remarks. 'They say it's incurable, so it's no good seeing the doctor about it.'

As he busied himself about his little piece of land, looking after his flock of chickens and seeing that the gardener did his work properly, he was prepared to admit that age must eventually take its t ll. He could not expect to be as he was when he was younger; and besides, there was the change of climate. After years in the tropics, it was not at all improbable that the variable English climate might induce changes in him. That was only to be expected. Certainly it was nothing to worry about.

So when he started steadily to put on weight, he regarded it as a joke.

'Making up for lost time,' he said with a smile. 'Getting fat and lazy. I was too busy to get a middle-aged spread at the right time, so it's catching up on me now.'

In the beginning, it was probably nothing about which to be unduly concerned. Leading now a more or less sedentary life, as compared with his former very active

one, it was quite possible that he might run to a little unaccustomed fat. But it did not stop at that, and eventually even he had to take notice of his steadily enlarging waistline. All his clothes had to be sent, not once, but twice or thrice, to the village tailor to be let out, until that craftsman had to state flatly that further loosening of the girth was beyond his skill; there was not the material available. Hugh laughed. It was a good joke. Certainly it was nothing on which to ask medical advice.

All his life Hugh had been a believer in a creed that admitted of no giving in and exhorted a man to stand firmly on his own feet and look all his troubles squarely and fairly in the eye. There comes a time, however, when even that heroic philosophy, interpreted by a man of his determination, must call for modification. For as long as he could he regarded his growing girth as a mixture of joke and a natural phenomenon due to the change of living imposed by a truly English way of life. Little by little, however, his conviction and self-reliance began to waver, and, as he told me later, he began to grow uneasy at the sight of himself in the mirror.

Hugh had never married. If he had had a wife, no doubt she would have long before exerted her authority and dispatched him to the nearest doctor. His friends were few, and he met them only on his rare visits to his club in London. With his neighbours he was on good terms, though hardly intimate with them. So it was that he never had the benefit of an outside view of his development, so to speak. There was no friend immediately at hand to warn him that he would be wise to make sure nothing was wrong with him.

It was not, in fact, until uneasiness had begun to invade his own mind that chance threw him into contact with a

man whom he had known for many years in the East, and with whom he had worked for some time. They had met in the club and their meeting had been an event calling for celebration. They talked of old times, reviving common memories, as men will in these circumstances, and they took each other very much for granted. But from time to time his friend, James, cast curious glances at him, until at last he felt compelled to speak.

'I say, Hugh, old man,' said James, rather awkwardly, 'I know you won't cut up rough and all that, but what the hell have you been doing to yourself? I mean to say, you've got as fat as a pig—no offence, old boy, no offence. You know that. Fact is, you look almost deformed. That tummy of yours—it's out of all proportion. Hardly recognize you when I look below your chest.'

Hugh had taken it kindly. He had smiled, but it was an uneasy smile. He had doubts himself now, and he confided them to his friend—an unusual thing for him to do, for he was self-contained and taciturn about his troubles.

James nodded seriously. 'If you take my advice, Hugh, you'll run along and see the d' 'ctor. Won't do any harm. It doesn't look natural to me. Naturally you'll put on weight, but not like that.'

Hugh returned to Sussex and thought it over. He had not had much to do with doctors in his lifetime, and he had developed that curious attitude of the rudely healthy that there was something a little soft, even unmanly, in consulting them unless one was obviously and seriously ill. But James's words had disturbed him and augmented his own uneasiness. He studied himself in the mirror and decided that his abdominal spread was an offence to the eye. No man could be fit with a belly like that—and Hugh, all his life, had been a devotee of physical fitness.

In the end he got out the little car he had bought second-hand and used as a runabout, and drove over to a market town some five or six miles distant. There was no point in consulting the village doctor and advertising his troubles to the local populace, who took quite enough interest in their neighbours' affairs as it was, and used every little chance-dropped crumb to prepare a meal of gossip. Besides, he still had the vague idea that there was something almost indecent in consulting a doctor about an enlarged waistline. Women might do that sort of thing without shame, but not men.

He was fortunate in his choice of a doctor, as it proved. He took one look at Hugh and made up his mind almost at once, though, of course, he expressed no opinion until he had made a thorough examination. Then gravely he told Hugh what was the matter. Hugh was in a serious condition; he was suffering from ascites, which is the accumulation of morbid fluid in the abdominal cavity caused by a failure of the liver to do its work properly. He should have sought medical aid before.

'My God!' he exclaimed. 'I took it just as a joke—a rather bad one, I admit, but a joke for all that. What's the remedy?'

'Only one thing,' replied the doctor. 'You must go into hospital and have an immediate operation for the removal of the fluid. There's nothing else.'

'Humph!' groaned Hugh. Operations did not appeal to him in the slightest. 'Now I want you to tell me the truth, doctor—and, please, the whole truth. I'd rather know now, and I'm quite able to face up to tough situations. What causes it? Is it very serious?'

'I'll be frank, as you wish me to be,' returned the doctor. 'The failure of the liver may be due to cirrhosis—that's actual disease of the liver—or to a malignant growth.'

Even Hugh was shocked out of his normal phlegmatic calm.

'Malignant growth,' he repeated. 'That's cancer, isn't it?'

'Popularly—yes,' agreed the doctor.

He discussed the situation for a little longer, though there was not much more to say, all the main facts having been given. The doctor insisted, wise man, that there must be no delay in the operation. He would arrange forthwith for Hugh to go to the hospital in the large coastal town not far away. Hugh wanted to think it over, but the doctor pressed for immediate action, and in the end Hugh concurred. If possible, he would enter the hospital the next day.

It was a very different man who returned home for the night. He had set out clinging to the belief that the whole thing was a storm in a teacup, and in a few minutes he had discovered that he might be the victim of that dreaded disease, cancer. Even his stout heart quailed a little at the thought. But he mastered his fears. If he had to have an operation, there was no need to make a fool of himself about it. Despite that enlarged abdomen he was still, he told himself, pretty fit and tough. The doctors could carve him up as they wished but he would not give in.

Next day, after hearing from the doctor, he went into hospital, astonishing the reception department by driving there in his own car. They were not used to patients who arrived alone at the wheels of their own cars for fairly serious operations. But, like all good hospital people, they accepted the facts as they found them, put him to bed, and handed him over to the care of a young and able surgeon.

Everything had been prepared for him and the operation was undertaken with the least possible delay. It had

two aims: the immediate one was to drain off the accumulated fluid from the abdominal cavity; the other was to establish the precise condition of the liver.

It was no wonder that Hugh had swollen so much. No less than two gallons of morbid fluid were withdrawn from the abdomen. If he had allowed himself to go further without treatment his state would have been serious indeed. But that proved to be only a minor affair. What the surgeon found caused him to shrug his shoulders fatalistically.

The operation had confirmed the worst fears. There was a large malignant tumour on one side of the liver; and the surgeon knew that it was an inoperable case. He had no alternative but to close the incision, when the fluid had been drained away, and send Hugh home.

Hugh had been given a sentence of death. The best practice was to decide that nothing could be done for his condition, and when the surgeon sent him home he had been sent home to die. It was a tragic and undeserved fate for a man who had faced so much misfortune in his life and overcome it, and who had rounded off a notable career by carrying on a private war with the Japanese invaders who had come to despoil his estates. He had been in daily danger of disease of all kinds in the tropics and come through untouched; in the quiet peace of the Sussex countryside he had unaccountably been singled out by an implacable agent of death.

But if his body had weakened and succumbed, his spirit was unchanged. He met this challenge as he had every other—with a grim determination not to give in easily. If he had to die, as the doctor said he must—for he had insisted on the truth from them, and would not be denied or deceived by vague phrases—then at least he would be true to himself and his creed and go down fighting.

At regular intervals the local doctor called upon him, expecting on each occasion to see the first telltale signs of imminent collapse. But Hugh refused to collapse. He declined to die.

The case went its depressing way. Within two or three weeks of the operation the abdomen had refilled with fluid, which was removed by tapping. The operation was repeated after another three weeks. So it went on. Hugh took it quietly and philosophically. He did not pretend to enjoy it, but he made no complaints. Each time the doctor thought it would probably be the last occasion, but still Hugh refused to die. His general condition was maintained, until, at last, the doctor came to regard him as a miracle who was upsetting all medical knowledge.

It was about this time that I was introduced to the case. A former Indian Army officer whom I knew well, and who had met Hugh many times out East, was motoring through Sussex and found himself in the village near which Hugh lived. He had heard of Hugh's condition and decided to call upon him to see if he could offer any help. It was he who suggested that Hugh should consult me, and Hugh, who by this time was growing a little restive in the role of a condemned invalid who would not die, readily agreed.

When I heard the details of the case I was at first reluctant to accept it. The diagnosis was undoubted, and, resist though Hugh might, the outcome was inevitable in the long run. There seemed little I could do. He had had competent surgical treatment and was in good hands. But my friend the colonel was persuasive and persistent. He urged me to see Hugh if only to buoy up his spirits—not that they seemed in any fear of sinking, so far as I could judge. Finally, therefore, I allowed the colonel to have his way.

Of course, I insisted that Hugh's own doctor should be present when I paid my visit, for I had no wish to suggest that there was any doubt of the excellent treatment that had so far been provided. At the back of my mind was still the thought that my intrusion into this case was more likely to cause embarrassment than anything else, since I did not expect to be able to do anything but confirm the views already expressed.

The actual examination impressed one thing very vividly on my mind. Of the diagnosis there could, of course, be no question; the surgeon had seen the growth with his own eyes. What did force itself on me was the quite extraordinary general condition of the man. It was almost impossible to believe that he had been for so long in this condition, had undergone an operation, and been subjected to several tappings. This fact suggested something to me.

Taking the doctor aside, I suggested that I should reopen the abdomen for further examination. I have rarely seen a man more profoundly shocked than that doctor. He looked at me as though I was proposing that we should use the operating theatre as the scene of an execution. I guessed what was in his mind: that I wished, for my own purposes, perhaps, to uphold the reputation of Harley Street, to dispute the diagnosis. But I hastened to reassure him. Clearly the condition was inoperable, but for all that I would still like to reopen the abdomen, as Hugh's general condition was so good and fully equal to the strain. Eventually I overbore his doubts and he agreed to support me in obtaining the patient's permission.

My friend the colonel had told me a lot about Hugh's character and I realized that the best approach was to tell him the naked truth. I did so without frills or disguise. I said it was quite likely that, in addition to the liver

tumour, we might find cancer of the intestinal glands, but there was just a chance some slight relief might be given. In any case, I pointed out, he was aware that his case had been pronounced hopeless, so in reopening the abdomen I was not outraging any medical or natural law.

He listened quietly, nodding from time to time as though taking the points I made. Finally he nodded more emphatically.

'Go ahead, doctor,' he said. 'I'm quite willing. If I've got to die, then I'll die, but there's no reason why I shouldn't give myself every chance. I like a fight, and if I can't fight myself I'll let you do it for me.' He suddenly chuckled. 'I tell you what I'll do,' he added. 'I'll pay your fee in advance so that if I don't come out alive you won't lose and won't have to argue with my executors.'

I laughed. 'Thanks,' I returned, 'but I don't think that's necessary.'

The local doctor was still rather dubious about the wisdom of my proposed course, but he agreed to be present at the operation. He was not the only one who had doubts, for before the operation took place I received a letter from the surgeon who had first taken the case. From this I gathered that he was somewhat annoyed and clearly felt that, in spite of what I had said, I was questioning his diagnosis and treatment. By return of post, I wrote to reassure him. I had not the slightest doubt, I said, that the case was hopeless, and the only thing that had decided me that it might be as well to reopen the abdomen was the fine general condition of the patient. In no way was any significant additional risk being run, and at worst the intervention could do no harm.

I had already decided on an extensive and drastic procedure, which I explained to the doctor, much to that

cautious man's discomfort. I think he regretted his agreement to be present at the operation.

It is an indication of the nature of the intervention that, from start to finish, it occupied no less than three hours. First of all, I turned my attention to the intestinal glands, which I had suspected were involved, and removed every one of the mesenterics, together with the omentum, the fold which connects the peritoneum, or abdominal lining, with the internal organs. During this phase a thick mass of malignant growth was excised—a growth that was an indication of the patient's resistance in surviving it. The pressure on the veins was now considerably relieved. As much as half of the liver was cut away, and to improve the blood supply a small part of the remainder was attached to the intestinal walls. This attempt to create a secondary blood circulation is sometimes used when operating on cases of cirrhosis. It was indeed a fine comment on the condition of the patient that he withstood all this so well.

Drastic and extensive though these measures were, I had no expectation that they might lead to complete recovery. The argument on which I had based the operation was that the case was hopeless and that therefore, if it could be done, every effort should be made to relieve the patient of pain and prevent, if possible, the periodical refilling of the abdominal cavity with fluid, which inevitably led to great distress.

That fine spirit which had animated Hugh all his life never deserted him. Excellent though his condition was, it was not to be expected that this severe intervention would leave him unscathed. He could not but be weak for some time. But his recovery, though slow, was sure. He made continued progress, and no one was more amazed at this than his own doctor, who had not

expected, I believe, to see Hugh emerge alive from the hospital.

Nor did the surprise end there, for when he had returned home and had engaged suitable help to attend to his daily needs, he continued for some months to improve. I visited him whenever I could, and indeed spent an occasional week-end with him in his delightful little cottage, for he was glad of any company and always seemed genuinely pleased to see me.

Now he was rarely, if ever, troubled with pain, and there was no return of the fluid. It was impossible, of course, for him to resume his old, active life; even his indomitable spirit was incapable of that. But never once did he complain. After all his years of activity, it must have been an ordeal for him to spend those last months as an invalid with the ever-present knowledge that death might come upon him at any time. But he took it all with his normal acceptance of the buffets of fate.

'I've nothing to grumble about,' he remarked to me once. 'I've led a full life and a happy one. I've got to die some time, and in a way there's something rather satisfactory in knowing that you've only got a little while to go. Matter of fact, old man, I'd rather be like this, wreck as I am, than linger on into senile decay and fill out my time as a drooling baby.'

'That's a very sound attitude to take,' I observed. 'And —you've no regrets about what was done to you? It was pretty drastic, you know.'

He shook his head. 'No. That's one of the things I'm specially grateful for. I've no pain now, and that's a blessing. Funny thing, that. I've done quite a bit in my time, but I'm not used to pain, and I would much rather have fluffed there and then than go on with what I was having when I consulted you. Lucky break that,

too. You see, Sava, you've given me time—valuable time.'

'In what way?' I asked. He seemed to wish to make some special point, and not the general one that he was glad to have had his life prolonged in peace.

'Just this. I've never thought about death and all that, and I've no immediate family, so I let my affairs get into rather a tangled state. Now I can sort that out, you see, and leave everything shipshape—and it's a pretty tough job, believe me.'

'You mustn't overdo it,' I insisted.

He shook his head. 'I can work for a little while each day. It was grand when you said I could go out and have a pot-shot at a rabbit now and again. Quite like old times.' He paused and smiled reminiscently. There was something rather sad about that smile, with its suggestion of memories of active days in the pleasures of the past. 'I'm trying to trace someone, you see,' he resumed. 'I only hope it'll come off before my time comes. I think it will. I'm sure it will.'

At that time he would say no more, and I wondered who it was he was trying to trace. Perhaps, in those quiet evening hours, his mind had turned to some long-past romance . . . perhaps . . . But it was no good giving rein to my sentimental imagination. In the end, it turned out to be something quite different.

On my next visit, the door was opened to me by a good-looking young woman in the early thirties, who greeted me with a warm smile of welcome and spoke with a not very marked Canadian accent.

'You're Mr. Sava,' she said. 'I'm glad to know you. Uncle's been telling me about you and he thinks a whole lot of you. You sure did a wonderful job of work, and I'm grateful to you.' She laughed pleasantly. 'And I guess

you're wondering who I am. My name's Maisie—Maisie Wendall. I'm his niece. And this is my husband, Ronnie.' She signed to a youngish man to come out of the background, where he had been standing. 'Dr. Sava, Ronnie—uncle's surgeon. Oh, I forgot. It's *Mr.* Sava in this country, isn't it? How you do like complicating things!'

She took me in to see Hugh, who, when we were left alone, told me the whole story. Maisie Wendall was his niece, the daughter of a much-loved only sister who had migrated to Canada many years before with her husband. In the eventful years he had lost touch with Maisie, who, in fact, he had not seen since she was a small child, when her mother had brought her back to England. That had been the last time, too, that he had seen his sister, who had died soon after her return to Canada.

When he had set about putting his affairs in order his thoughts had naturally turned to Maisie as his obvious heiress, and he had caused inquiries to be made. Results had been swift. He had spoken to her on the transatlantic telephone, and two days later she had flown across with her husband.

'They're staying for some time,' he said, and added almost in a whisper, 'but it won't be long.'

It was the first time that he had so much as suggested that he felt death near to him. Hitherto he had always joked about it and was clearly not bothering overmuch about the future. But those words indicated a changed frame of mind. There was no sign of fear; he was now, in the company of his niece, calmer than ever.

I paid one more visit to him, a little more than seven months after the operation. It was obvious that he was sinking and that even he could not hold death at bay much longer. But nothing disturbed his peace and calm. The grand old fighter remained undeterred to the last.

He had had to give up the occasional rabbit-shooting and the little walk round the garden. His longest journey now was from his bed to his easy chair, in which he spent the day. At that last meeting he shook me unusually warmly by the hand.

'I may not see you again, Sava,' he said, 'so I just want to thank you again. I owe more than I can say to you and your skill. I confess I'd've liked to have gone out on my feet, but—well what can't be, can't be. But I've had peace. I've found a real friend in Maisie, and her husband, too. Great kids, both of them. Glad I've got a little to leave them.'

'And you've still no regrets?'

'None.' He shook his head firmly. 'None at all. I've regretted nothing in my life, Sava—nothing at all. If it's turned out rough, well, that's the luck of the game, and crying about it doesn't help, does it? When you came to me I was fighting for life in spite of myself. You gave me back a life worth living.'

Two days later Maisie telephoned to say that Hugh had passed away peacefully during the night. He had been awake and conscious when he began to sink, and he had gone with the old fighting smile on his lips, and his last words had been a grim jest.

'I wonder', he had said, so Maisie reported, 'if they hand you back the bits and pieces you've lost in life when you get in the next world.'

It was typical of him.

He went with no regrets. And I, reviewing the case, have none either. Some may think that I did wrong in inflicting so drastic an operation on a man already doomed to death, and who could not be saved by my surgery. They may say that if he had to die it would have been better to have let him go as quickly as possible.

With that I cannot agree. If he had been left, he would have died slowly and in great and ever-increasing pain. And his was no ordinary case. Most people in his condition would have been dead in the period between the first operation and the time I saw him. But Hugh refused to die. If, as he said, he was fighting for his life against his will, it was because of that superb spirit of his which had not that in it which ever admits defeat. So he would have gone on. The mysterious 'will to live' in him would have kept him alive to endure more than the normal burden of suffering.

Only one thing, to my mind, could have ruled out that operation. If his physical condition had been anything but magnificent, I would never have attempted it. That indeed would have been taking foolhardy and wholly unjustifiable risks. But he could stand it. That very strength was the basis of the whole of my argument. It would, as I have said, keep him alive in pain too long; and it was no more than common mercy to try to reduce his suffering and in that the operation was certainly successful.

But there is another important aspect of this case besides that of its unusualness. It is one that goes to show how meaningless is that word 'inoperable'. For what does it convey? This case was, by all authority, an inoperable one; yet it was operated upon and a useful result—as the patient himself, his relations, and I see it—was achieved. If 'inoperable' means that the condition cannot be cured completely by operative treatment, then there are dozens of inoperable cases dealt with on the table every day of the year. If it means that there are cases which, calling for surgical treatment, must be denied the possible relief the knife can bring, then I say that it is a dangerous word—a word that implies defeat in advance,

an admission of lack of courage and self-confidence. For I hold that where there is a chance it should be taken if the patient stands to gain anything by it; and the one thing that can decide whether that chance is justifiable or not is the condition of the case itself, such individual one in the factors surrounding it.

As if in comment on this point of view in general and on the case of Hugh in particular, there came to me, as I was writing this chapter, a parcel from the United States. This unexpected package I found to contain a volume recently published in America, written by a friend of mine practising over there, and entitled *Melodramatic Surgery*. It is a weighty book, running to more than five hundred pages, not one of which fails to be of absorbing interest.

These pages describe the work of this gifted surgeon, a man who latterly has devoted his big talents to the surgical treatment of 'inoperable' and 'hopeless' cases. To me it has been a rich experience to read of the startling successes he has won—successes to which the adjective 'melodramatic' of the book's title is by no means inapplicable. And there is one case which is so close a parallel to Hugh's that I cannot refrain from closing this chapter by referring to it.

In one important particular this case did differ from Hugh's, though the condition was almost precisely similar; that difference is that the American case might be described as three times as serious as Hugh's. The surgical treatment was correspondingly more drastic. In this, not a half, but two-thirds, of the liver was removed. Two-thirds of the large intestine were also cut away, together with a length of three feet of the small intestine. Even part of the abdominal wall came under the knife. This patient had a blood transfusion that lasted for eight hours after the operation, and transfusions were

continued for a week afterwards. And the result? That patient, doomed to die by conventional rules, lived for another six months, and, like Hugh, expressed himself overjoyed at being given time and peace to arrange his affairs and say goodbye to his friends.

In the face of this, can anyone continue to regard the word 'inoperable' as a proper word for inclusion in the surgical vocabulary? And further, can anyone assert that it is wrong, a transgression, to take a grave risk whenever one sees a ray of hope for a pain-racked, tormented human being? I do not think so. For myself, I am glad and proud to transgress in such noble company.

Chapter Eleven

NO OPERATION

Asked to define the difference between the two great branches of the medical profession, a man in the street might say something like this: 'A physician gives you a bottle of medicine; a surgeon cuts bits of you away'; and he might add as an illustrative example: 'You see, if you've got a gastric ulcer, the physician puts you on a diet and gives you physic, but the surgeon puts you on the table, opens you up, and starts taking bits out of you.' And on the whole, one might gather, the ordinary man and woman is inclined to be on the side of the surgeon.

Such a rough-and-ready distinction will serve for many purposes. It is true that the chief weapon of the physician in the fight against disease is the administration of drugs, while that of the surgeon is the knife. But in these days it is very difficult indeed to sort out the two into neat and mutually exclusive parcels. Are such treatments as massage, radiant heat, and so on—all the range of physiotherapy—surgery or medicine? They are as likely to be ordered by the physician as by the surgeon. In many ways the two branches draw closer and closer together, for without the elaborate use of drugs in pre- and post-operative treatment many of the modern spectacular successes of surgery would be impossible.

Indeed, the old idea, not without foundation, that the two branches were in a state of constant war over the advice to be given to patients for certain conditions is no longer even an approximation. For the better efficiency of medicine, there is greater toleration and mutual trust.

Yet the conception of the surgeon as the man with the knife always anxious to operate remains and accounts for a good deal of trouble. Quite a large number of people, reasonably intelligent, refuse to see a surgeon for advice because they believe sincerely that the only recommendation he can possibly give is that an operation be performed. Rather than face that, they will endure untold agony, with the result that when, at last, they are driven by sheer necessity into the surgeon's consulting-room their case has probably become serious, and the operation they dreaded in the first place has become unavoidable and much more difficult to perform.

In these days the surgeon does not automatically recommend operations for every conceivable type of case he sees. Modern research has demonstrated that if any structure of the body can be preserved, it is better to do so, and often the surgeon of today will go to extreme lengths to spare the patient an operation that, only twenty-five years ago, would have been advised promptly and automatically. It is, in fact, paradoxical that while the contemporary surgeon's technique has improved so wonderfully, so that he can carry out interventions over a much wider range than in the past, and with far greater certainty of result, he has become more and more conservative. It is true that it is his special job to operate, that he has devoted years of his life to the study of surgery as distinct from medicine; but that does not mean that he carries his knife in his pocket, so to speak, and is ready to whip it out on the slightest provocation, any

more than it is true that anyone who visits an oculist comes away with a prescription for a pair of eyeglasses.

There are, of course, many operations carried out which perhaps are not strictly necessary in the fullest sense—just as there are many bottles of medicine prescribed that will probably do little or no good. This must always be until the age of perfection when there are no unknowns in the science of healing. Until that day comes, and it must be very, very far away, mistakes will be made. But can the medical profession be singled out for criticism on that score? It is not alone in being the victim of human error.

Doubtful cases there will always be—cases in which quite trivial and apparently irrelevant factors will sway the surgeon one way or the other in deciding whether an operation should or should not be performed. Not at all infrequently it happens that the argument for and against operation is not between the physician and the surgeon but between surgeon and surgeon. This may seem surprising to many, for, while the willingness of doctors to disagree may be readily admitted, the belief that no surgeon would advise against an operation still exerts a firm popular grip.

Previous chapters in this book have given accounts of operations performed in circumstances where, often, the indications for an operation have not been very strong. It was precisely here that the element of transgression entered into the cases, for it seemed as though I were flouting all principles in deciding to appeal to the knife. This may appear to confirm the idea that naturally, being a surgeon, I cannot let a patient go until I have found one way or another of introducing him to the operating theatre. Now, in this the final case, I am going to change sides in an effort to dispel that false impression wherever it may have been created. The transgression

in this case was not that I performed or recommended an operation that was against the strict and obvious inferences to be drawn from the facts, but that I stood out boldly against my colleagues in trying to save a patient from an operation that every form of scientific prudence suggested was the proper course.

The patient was one of those people on whom I am always reluctant to operate unless the indications are undeniable. Laura was young, good-looking, and, generally, a fine specimen of early womanhood. It always seems to me a shame to operate on the young, if there is any other course open—though, of course, in very many cases it is inevitable and the only way to ensure a long and happy life afterwards.

Laura was, in fact, a very attractive young woman in the mid-twenties, and I was not surprised to learn, when she came to see me, that she was engaged to be married and looking forward to an early wedding. It was this which, in fact, introduced a complicating element into the case and determined its progress to some extent.

Her record was unimpeachable. If she was not an enthusiastic sports-woman, she had played games with pleasure and physical profit at school and had kept up her tennis in later years. Physically she was well developed and possessed excellent bodily balance and proportion. Her mind was alert, her outlook cheerful. There was little history of illness either in her or in her family. She had had, of course, the usual crop of childish ailments—measles, chicken-pox, and so on—but none of them badly. If bad luck had produced in her a condition that demanded surgical treatment, she would have been an excellent subject for it, a patient about whom one need entertain not the slightest doubt on the grounds of general fitness to withstand the strain and shock.

Some three years before she found her way to my consulting-room Laura had suddenly developed enlarged glands in her neck. Mumps was at first suspected, but this diagnosis proved false. The swelling gradually grew till it became apparent at a glance and considerably detracted from those great good looks with which Nature had endowed her. It was not at all unnatural that she should be troubled. Apart from the pain and inconvenience, no woman—especially one contemplating marriage—likes to be singled out in so unmistakable and unfortunate a manner.

After consulting her own doctor, she eventually went to a hospital, where, in due course, she underwent an operation for the removal of the gland. There had been some doubt about the diagnosis, but it had been felt—rightly as it then seemed—that surgical excision was the proper course. The operation brought the truth to light, as it so often does. Laura was a victim of a condition known as Hodgkin's disease.

This was a serious discovery indeed and a hard blow for a girl of her age, with all the prospects of a happy and long life in front of her. Hodgkin's disease is a term given to what is malignancy of the lymphatic glands. It is not a true cancer, but stands between the cancerous and benign conditions; but for all that, it is an extreme misfortune. Not only is it a disaster in itself, but it is one of those states for which, so far, there is no known cure.

The prognosis is bad and inevitable. The disease takes its course and progresses steadily, extending its hold all over the body, and the outcome is always fatal. Sometimes the tragedy reaches its conclusion in as short a time as two years, but the victim may survive for as many as fifteen, if the general condition be sound enough. Yet the fatal termination cannot be escaped, however

long it may be postponed. It is not so much that Hodgkin's disease kills on its own, but rather that its presence lays its victim open to the full attack of other conditions which lead to fatality.

This is because it attacks the lymphatic system, which is one of the main defences of the human body against disease. All over the body there are lymphatic glands whose main purpose is to act as barriers to the spread of dangerous poisons throughout the system. If disease invades the body at any point, the glands swell up in an effort to localize the infection and confine it to a single part of the body.

Hodgkin's disease, therefore, attacking these glands throughout the body destroys an essential part of the ramparts. Slowly it spreads until at last it attacks the mass of lymphatic glands associated with the heart and lungs. This is when the grave danger occurs, for when this part of the lymphatic system is involved the patient more often than not succumbs to pneumonia. But that is not the only threat. Sometimes the disease makes its first appearance in these glands, and because there has been no warning elsewhere it is not at once recognized. The shortness of breath, irregular heart action, and other symptoms, are all indistinguishable from those caused by heart disease, for which treatment is given. It is not until it is too late that the truth is realized, and then nothing can be done. Though, with modern drugs, pneumonia is by no means the danger it used to be, when it is associated with this condition of the glands the end, whether it comes sooner or later, is inevitable.

Now for a girl of Laura's age this discovery was a major tragedy. For her there was now no future. She had been picked out by death as a sure victim and she could not hope to attain even middle age. Month by month

she would have to submit to the steady spread of the disease; and month by month she would have to resign herself to the knowledge that death was so much nearer.

It is no wonder that both she and her parents grew almost distraught. The father had been told, even more strongly than Laura herself, that nothing could be done for her. But he refused to accept what he considered a despairing conclusion without making a fight of it. Though he was not a poor man, he could not be called rich, but he made up his mind that every penny he had saved or could earn should be poured out in an attempt to save his daughter from what he rightly considered a horrible destiny.

Laura took advice in many quarters, but found nowhere any real hope. The advice given her was indisputable. Hodgkin's disease cannot be cured. But at last the specialists she consulted suggested a drastic operation that might do something to save her life, at any rate for a little longer.

This recommendation was that she should undergo an operation for the removal of the windpipe of one of her lungs, where the disease had already obtained a hold, and which offered an already dangerous threat to her life. This was indeed a counsel of despair. The operation is one of the most drastic known to modern surgery and is accompanied by grave risks. Not only does it offer comparatively little hope of any great or lasting improvement, but the chances of success are far from high. The proposed treatment might, indeed, increase the tragedy by hastening the fatal end which must come in any event.

Wisely, neither Laura nor her parents accepted this serious advice unconditionally. Laura needed whatever help could be had; but she was in no mood to submit to

a highly risky procedure unless there was some assurance of benefit—which, in fairness, the specialists could not promise or even begin to promise. So it was that, in her search for further surgical opinion, she made an appointment with me on the recommendation of a friend on whom I had operated some time before.

I confess that when I investigated her case my heart sank, and I was filled with sadness at the thoughts of surgical and medical impotence which her history called forth. It seemed nothing less than a major sin that so charming a young woman should have been singled out for this disease. For there is a double tragedy about the incurable and hopeless condition. Not only does it steadily and unavoidably destroy the body; it also kills hope. And a young and vital human being deprived of hope, with nothing to look forward to in the future, is indeed a travesty of all that humanity should be.

Laura had had excellent advice and had seen specialists whose opinion as to the facts of her condition could not be challenged; it would have been an impertinence to do so. But even with established facts, it is not always possible to agree on the conclusion to be drawn from them. She had come to me, not in the hope of finding that all the previous advice was wrong as to the diagnosis, but to obtain my opinion on the desirability of the proposed operation.

It was very clear that she was in a bad state psychologically and emotionally. Fear filled her eyes and betrayed itself in her speech and manner. Her outlook was without hope. She found herself faced with the grim alternatives of certain death, more or less slow, and an operation which at best had a problematical outcome, at worst might hasten her predestined end. A man at the end of a long and full life might well be disturbed by such a prospect;

for a young woman it was a terrible situation in which to find herself.

'You see, doctor,' she said, 'I can't make up my mind. I'd undergo anything if it gave me a reasonable hope of getting well again. Of course I would. But it seems so utterly hopeless to go to all that trouble, and put Father to so much expense, merely for an outside chance of a little improvement. Of course I know he'd spend every penny he had on it if I wanted it, but there's no point in throwing good money away, is there?'

'Certainly not,' I replied. 'We shall have to see what can be done.'

Accordingly I submitted her to another and very searching examination, which, as was to be expected, bore out to the full the previous findings. The disease had already involved the glands associated with one of her lungs; and it was these glands which it was proposed should be removed. The other side was normal. But there was no guarantee that if this risky removal was effected the other side would not eventually become concerned, too. The infection was probably already latent throughout her body, and robbed of one focus would seek another. One could not be sure on that point, of course, but it was practically certain.

Now I have shown that if the occasion seems to me to demand it, I am as ready as anyone to bear the responsibility of taking surgical risks if, in my firm conviction, the patient would benefit from such a course. But how could this operation be justified? The immediate threat might be removed—that, and no more. In a little while the disease would reappear elsewhere and finally find its way to the lungs, even if it did not at once turn up on the side that was at present clear of it.

If the operation had been simple and straightforward,

with only a normal risk involved, there could have been no question, but the case was far otherwise. The danger associated with the operation was considerable, even for a young and strong girl like Laura.

And there was this other point to be borne in mind. The virtual extinction of one lung would leave her the less strong and more open to further attack because of the deterioration in her general condition. In effect, the operation would buy at best a temporary relief at the price of greater vulnerability in the future. For the procedure could not be repeated. One can isolate and even remove one lung; one cannot destroy the function of both. Without the lungs no one can live.

Other factors than the purely surgical ones enter into questions of this kind. The attitude of the patient is undoubtedly the most important. Sometimes one may feel that, on medical grounds, an operation is useless or even unnecessary, yet, if the patient has acquired the conviction that he will benefit from it, it may be wise to perform it, provided, of course, that it will do no actual harm. The psychological gain may promote a renewed will to live, which, as the last chapter revealed, can occasionally work seeming miracles.

I therefore tried to find out what her true thoughts were. I believed that she was against it in her heart, but was ready to be persuaded if there was a ray of hope.

'Tell me,' I said, 'and be perfectly frank. How do you see the position? What good do you think this operation will do you?'

A look of despair spread over her face,

'Nothing, doctor. I don't believe it's worthwhile. You see, I've no hope either way. I've been looking forward to marriage and bringing up a family, but, whatever I do, that's impossible. If this operation didn't promise

anything more than a few years of happy married life with Stephen, I'd undergo it gladly, but apparently it doesn't.'

'What makes you say that?' I inquired, anxious to find out all she had been told.

'They've advised me to break off my engagement,' she replied, with tears in her eyes. 'They say that even if I married after the operation I mustn't even think of children—I wouldn't be strong enough. Stephen says he'd insist on marrying me, but I couldn't do that, could I? It would be so very unfair to him, and he's such a grand chap. I'd just linger on, barely able to live in any proper sense. At least that's how I see it. What is your opinion?'

I looked at her keenly. Her expression was one of the most moving I have ever seen. Fear and hopelessness dominated it. She barely dared to consider the future a week ahead. Every ambition she had had in life had perished. When the dark thoughts came to her she wished to die, and if I had then proposed some form of euthanasia I believe she would have accepted the proposal at once.

But a wish to die is not the natural state of youth, which, above all, is greedy to live and extract as much from life as possible. Through that mask of despair the spark of that desire showed clearly. She was a frightened animal in a trap from which she could see no escape. The claws were fast about her. She wanted to fight her way out, but the slightest attempt caused exquisite pain.

A doctor should ideally, I suppose, be influenced by nothing but the cold, precise facts of scientific observation. If he allows a personal element to enter into his judgements, that, too, should be based on the teachings of psychology. Yet to my mind a doctor whose conduct was ruled by those principles alone would not make much headway. For medicine is a personal thing, dealing with individuals, each of whom has his own personal problems.

As I contemplated this agitated woman I was filled with compassion and rage—compassion for her suffering, rage at the helplessness of my profession. What possible system of ethics could find it right that a girl like Laura should be condemned, when she had barely begun to live, to a brief period devoid of hope, robbed of the normal happinesses of youth, with nothing to look forward to but an early death? That feeling was stronger in me than any appraisal of the scientific probabilities of her case. I wanted to help—I desperately wanted to help. I wanted to save for her from the wreck some small chance of letting her live, if only for a little while, something of a normal life.

How could this proposed operation help? I decided that it could do nothing but rob her of what little she had left. It would add invalidism to her other troubles, its after-effects a constant and undeniable reminder of the state she was in.

She was looking at me intently, waiting for the judgement that I would give. She expected to hear nothing but the condemnation to living death repeated, yet also I detected in her eyes an appeal, a last forlorn hope that I might modify it a little.

'I am sorry, Laura,' I said quietly, and her face sank, 'but I must think carefully about your case. Don't despair —but don't let yourself have too much hope. There—I'm being very frank with you. In the meantime I'd like to see your father. Would you ask him to telephone and come and see me tomorrow?'

'Very well, Mr. Sava,' she said resignedly.

I do not know whether my guarded words helped her or depressed her. She had drained all expression from her face; and that mask was itself a tragedy, so unnatural did it seem on her young features.

Her father came, expecting, I think, to hear the worst. But I settled him with a cigarette, for he was a worried

man, and began to talk to him, asking him how much he knew of the case and trying to find his own reactions to it.

'It's hopeless, of course—that I know. Whether the operation would be worthwhile, I can't say. That's what I want your advice about, Mr. Sava, above all. She must have a chance, and if that's the only one then she must take it.'

I shook my head, and he opened his eyes.

'Listen,' I said, addressing him by name. 'That is not my view at all. The operation is drastic, would probably leave her a chronic invalid, and ruin every chance she's got of happiness. Its probable benefits are doubtful, and in a year or so her condition might easily be worse than it is now.'

'That doesn't sound very hopeful,' he said. 'But what else is there?'

'I suggest that she tries to forget all about it as much as she can,' I returned. 'I can give her certain kinds of treatment, which will probably help her and at any rate won't do any harm, without all the risks of surgery. And, above all, I want to see if we can induce her to live a normal life. Let her get married, if her fiancé is willing. Let her have children. She can do that as she is, but she could not if she underwent an operation.'

He stared at me open-mouthed.

'Are you really serious?' he asked in astonishment.

I nodded. 'Never more so in my life,' I replied. 'This is how I see it: Laura is suffering from a condition that is quite incurable. We can do nothing about it, much as I regret having to confess it. So I feel that the best thing we can do—what it is our duty to do—is to save her personality, give her as much as we can of the chance of happiness and normal existence. No one ever gained by being turned into an invalid unnecessarily. That is what

the operation would do, in my opinion. It's a drastic procedure without any real hope of success to offset the risks involved. We can't save her life. But at any rate we can save for her a way of living, and that seems to me the most important thing.'

'How long has she?' he asked.

'It's impossible to say. The disease might suddenly flare up into activity, and so she might die soon, but that's unlikely. She may have fifteen years in front of her. Fifteen years isn't a short time; you can do a lot in it. And there's this, too—medicine can do a lot in fifteen years. It might easily be that in the next few years a treatment will be discovered for this condition, and then she might have a chance. That's only a guess, of course, but stranger things have happened. I'm sure you would feel very unhappy if you knew she'd been crippled by a doubtful operation and then, a year or so later, a new treatment was discovered.'

'I should indeed,' he said seriously. 'I'm glad you've put it to me so frankly. Naturally, as you are a surgeon, I thought you'd propose an alternative operation of some kind.'

I smiled grimly. 'A surgeon is a doctor first and a surgeon afterwards. He's not a salesman of operations,' I said rather sharply. 'My duty is to advise what I consider the best for your daughter, and that is what I have done.'

'What do you propose? Shall I tell her all this or will you see her again?' he inquired.

'Don't say anything to her yet,' I answered. 'I want to see her fiancé first. Can you arrange it?'

'I will,' he replied, rising. 'Certainly I will. I can't say how grateful I am to you.'

Naturally there was a little professional opposition to overcome. Her own doctor did not agree with me, and he

was not at pains to disguise the fact. But I pointed out that I had done no more than give my opinion. The final decision must rest with Laura herself and her parents. It was a statement he could not dispute.

A day or two later the fiancé, Stephen, was shown into my consulting-room. He was a fine young man of about thirty, wearing the uniform of the Royal Artillery, in which he was a lieutenant, and the flashes of the Anti-Aircraft Command, for all this happened just a few months after the end of the war.

'I want to know the truth,' he said. 'I know Laura wants me to give her up, saying it isn't fair, and all that, and doing the decent thing. But I can't, doctor. I can't run away from her just because she's in a jam.'

'Is that your only reason for wanting to stick to her?' I asked.

His eyes blazed. 'Good God, no, doctor! What a damned awful suggestion.'

I smiled. 'That's what I hoped and expected to hear,' I commented. 'It would be a tragedy if you just felt bound to her because she was the victim of misfortune and you couldn't let her down. If there was a chance of marrying her, leading a normal life with her, and having a family, you'd take it?'

'Lead me to it,' he answered in the slang of his generation.

So I repeated to him much of what I had told Laura's father, and he listened with the greatest attention. From time to time he glanced at me, wonderingly, I thought, as though the ideas I was expressing seemed strange.

'You know,' he said slowly when I had finished, 'you're a surprise, Mr. Sava. Forgive me for saying so. I didn't think a doctor could argue like that. But if it's as you say, then certainly there's nothing to worry about on my part.

So long as I can marry her and help to make her happy, the rest doesn't matter.'

'You realize the risks,' I insisted, determined that he should have no doubts or misconceptions. 'The course of this disease is almost unpredictable, except as regards the final end. It might be that she may die soon after you're married. On the other hand, you may have time to have a child and watch it grow up together.'

He stood up and braced his shoulders. 'I understand, doctor. I see the whole picture. There's nothing much of a risk in that,' he went on. 'When the war was on people got married knowing that the chap might be killed the next day, even, and even the girl might stop something in an air-raid. Now the war's over, people are run over in the streets every day. No, I can't see that that's anything to do with it. As long as she'll be happy, that's all I care about, and you believe she will be?'

'Since you ask me,' I replied, 'I'll say that I think it is her one remaining chance of getting something out of life. I know that she wants to marry you above all else.'

This case was more a series of human-relationship conferences than a medical consultation. After her father had told her roughly what I proposed, Laura came to see me again. She looked puzzled, as though in a strange world.

'I don't understand,' she said in a bewildered voice. 'This changes everything. Why didn't the other doctors think of it?'

'Because', I replied, 'they were quite rightly concerned principally with finding out what was wrong with you and looking for a treatment. When you came to me all the facts were known, and I couldn't find out anything new about your condition. So I had to cast about and find other means of dealing with it, if I could.'

'I see," she said doubtfully.

'Look at it this way,' I went on. 'Let me give you a ridiculous example. You're married and your husband hits you over the head——'

'Stephen had better not try that if I marry him,' she said hotly and laughed. It was a good sign.

'Just assume it. You've a nasty bump and some pain, so you go to your doctor and he gives you something to ease the pain and reduce the bump and bruises. You don't expect anything else. But afterwards he may suggest that he'd like to see your husband with a view to impressing on him better ideas of conduct. You get the idea? First treat the condition, if you can. Then set about altering the conditions that produce it or making alternative arrangements for the future.'

'I think I see,' she observed.

'It's only a rough parallel, but it gives the idea. And now I'm going to become medical again and talk about treatment—that is, if I'm right that you intend not to be absurd in persisting that you can't marry Stephen and all the rest.'

'I certainly shall. And if the marriage turns out a failure I shall blame you.'

She laughed happily. It was a sign of the great change in her outlook. Hope had been reborn in her.

There was not much I could do in the way of treatment. All I could aim at was applying measures that might help to arrest the spread of the disease. For that deep X-rays seemed best, and accordingly I made arrangements for her to undergo that treatment. The lung was irradiated regularly.

Later, I read in a foreign medical journal of an injection treatment which, it was claimed, had good results in cases of Hodgkin's disease. The evidence in favour of it was slight, but one thing did seem proved beyond doubt: it produced no ill effects. Accordingly I arranged for a supply

of the serum to be sent to me, and started Laura on a course of injections. Of course this part of the treatment was admittedly experimental and no fee could be charged for it. I do not know to this day whether it did any good. All I can say is that it has definitely done no harm; and it may be that it has contributed something to her quite satisfactory condition.

For Laura is still alive. More than four years after her first visit to me she is enjoying a happy married life indistinguishable from that led by her friends, except that she is under constant medical care and X-ray treatment.

The marriage took place soon after I had spoken to her fiancé, and I was an honoured guest at the wedding, which I was held to have sponsored. And thereafter things went even better than I thought. On one visit to me, she asked me whether I still considered she might have a child in safety.

'Certainly,' I replied. 'I can see no reason at all why you shouldn't. Your general condition is excellent.'

'Yes,' she returned. 'But what about risk for the child? It—it wouldn't be infected or anything?'

'I see no reason at all why it should.'

She went away. A few months later she showed signs of pregnancy, and about two years after her marriage the child was born—a fine boy. Though I considered it a formality, I insisted that the baby should be subjected to the most searching examination, a course to which the father and mother instantly agreed; if I had not proposed it, I think they would have done so. This gave eminently satisfactory results. The child is as healthy as any I have ever seen, and both Stephen and Laura are very proud of their son.

As for the disease, it is difficult to detect any indications that it is progressing. In the end it must inevitably claim

her life, but in her absorption in her husband, her home, and her child, she has almost forgotten that the shadow of death lies over her. The X-ray treatment has become a routine for which, it seems, she has almost forgotten the reason.

If the termination must be fatal, I still believe that this case can be numbered among my more pleasurable successes. True, it needed courage to advise against the operation in face of the weight of previous opinion. That was to some extent a transgression, almost a betrayal of my profession of surgery. Yet I do not regret that I made it. The gratitude of Laura and Stephen and of the father is more than sufficient to offset any doubts I might have had that I had acted otherwise than for the best.

For I do feel that, by avoiding the operation, this girl was given, if only for a brief period of years, a chance to fulfil herself and her ambitions, which she could never have done if surgery had had its way with her. She has above all had the child she always wanted, and her happiness in it is a joy to see.

I cannot say—no one can say—how much longer she may live. Bad luck may put her in the way of infection and she may succumb to some disease against which she has not sufficient natural resistance left. But even were she to die tomorrow, I should still have no regrets. Already she has had four years of happiness, realizing her dreams; and that surely makes everything worthwhile.

This case brings out, too, one of the most important aspects of surgical practice—I say surgical rather than medical because it is with surgery I am concerned, though the principle holds good for both branches of the profession. It is that there can be no standard of absolute right and wrong in these matters. Each case must be judged on its merits and assessed on the facts, both medical and personal.

No Operation

The art of healing is not a logical science. One cannot set down the known data and draw from them an inevitable, inescapable conclusion. In medicine there is no such simple equation as two and two make four, because always there enters the unknown factor, the all-prevailing *x* of the human personality with its uniqueness and its unpredictability.

Those are points which are strikingly demonstrated in this case of Laura, the woman to whom an operation would have meant, not hope, but the loss of it. Yet perhaps most remarkable of all, some may think, is that this is a case in which a surgeon not only declined to operate but actually pitted his own advice against other surgeons' to dissuade the patient. It may be that in this I have made amends for those other cases in which, perhaps, I have operated without strictly text-book cause and unconsciously fulfilled the popular belief that a surgeon always resorts to the knife!

EPILOGUE

In these pages I have sought to bring out one guiding principle that should override all others whenever a doctor has to deal with a patient. It is that he must look upon the patient as an individual who has to be treated as such and not simply as a case whose description will be found catalogued in the textbooks. It is precisely the realization of that fact which, I am certain, leads most doctors at one time or another to what seems like a breach of all the rules and teachings of their profession, as it has led me to do in the cases that I have described. These extracts from the records of my experience are a witness to the infinite variety of human nature and human personality, as much in the details of the anatomy as in the uniqueness of the mind and soul.

There are so many factors that come to bear on medical cases, as I have tried to show. In some, it may be prejudice or individual temperament which forms a judgement before the evidence has been sifted or even assembled. In others, it may be a denial of what we are pleased to think are scientific laws. In still others, it is the surgeon's own outlook, his own private experience, which divert him from the plain and well-signposted path of medical rectitude. There is even one case—our first—in which sheer anger and aesthetic outrage forced me into unusual behaviour.

Here, too, have been cases with a happy ending, and cases that have ended in tragedy or *something near it.* It would have been easy to assemble a book composed of cases the outcome of which had been wholly favourable. But that would have been to produce a false impression, to give the idea that I wished to prove that unorthodoxy is always to be approved. Nothing could be further from the truth. I hold no such opinion and have never so much as inclined to it.

Let it be said here and now that I have never wandered down the path of transgression without a certain reluctance, and a humble unwillingness to set myself up as a superior judge over what experience has so often proved right. Nor is it a matter of fear. The way of the transgressor may be hard, as is said; in the medical profession it is specially so, as most people are aware. What might be considered in ordinary affairs no more than a peccadillo or an indiscretion is often regarded by the profession as 'infamous conduct'. It is right that this should be so, for medicine deals in the most treasured commodity of all—human lives—and it is intimately concerned with the most precious of patterns—human relationships.

No, it is not fear that promotes the reluctance. The consequences may be recognized as serious indeed if failure comes, but that is by the way. Rather is it the impression that, in setting aside what convention says is right, one is assuming too much. One is indulging that overweening pride which so often—and so rightly—ends in the proverbial fall. And for every time one transgresses, willingly or unwillingly, wittingly or unwittingly, there are a hundred cases or more in which one observes the rules scrupulously as part of that second nature which one acquires during years of practice.

Yet, as I pointed out in earlier pages, it is necessary that occasionally a doctor should rely upon himself. He must assert his independence and his faith in his own judgement, not rashly or as a matter of self-glorification, but deliberately and in the knowledge that the welfare and happiness of mankind are more important than any set of rules or laws or conventions to which man has ever paid homage. If he cannot find occasions when he feels compelled to assert his own judgement against such rules, then surely he is in danger of becoming a mere rubber stamp.

Once medicine or any science grows self-satisfied, assured of its own rightness and the completeness of its knowledge, it stands in deadly peril. It has become a fossil. And the danger of such petrification is particularly strong in medicine, because the material for experiment is so valuable, so sacrosanct. It does not matter if a mad inventor makes a machine which subsequently explodes. Provided no one is hurt, the loss is no more than so much steel and brass and wood and other material—and the labour of the men that went to their fashioning. But if a doctor chooses to embark upon new ways he has to take a risk with human lives, which are not so easily lost.

The great question is to know when unorthodoxy is justified and when a danger. To that question, as to so many medical ones, there is no clear-cut universal answer. Each case is a law unto itself, and the unorthodox for one may be the supremely orthodox for another. Yet I think there are times when one may say that a seeming indiscretion is less potentially harmful than at others.

In not a few of the cases I have set out here the patient has been beyond hope of cure. There has been a strong

presumption of early death. Hope has had to be abandoned. Where such conditions exist, then one is not outraging any of the laws of medicine or humanity if one steps a little aside from what is regarded as the proper treatment.

This does not mean that I regard all incurable cases as fit subjects for uncontrolled experiments. Nothing could be more revolting than to see a human being already condemned to death have his troubles multiplied merely to satisfy the curiosity of some research worker with a new idea he wishes to test. What I do say is that where the case is incurable and the hopeless prognosis has been given, no wrong is done if risks are taken—always provided that one is genuinely assured in one's own mind that what one proposes to do is to relieve pain or give the sufferer a few more months of life. That and that alone must be the deciding factor. Scientific curiosity can be satisfied by other means. It must never be appeased by contributing to human pain or by shortening a life for a single day.

If one fails in these cases when the unorthodox has been done or the rules broken, not much of significance has altered. The original prognosis still stands. The basic facts have not been changed. There is no disgrace in having tried to help a man by taking a chance which has failed.

I think there is a great deal of support for this point of view, and it is that which has given me courage to act when most I needed it. Sometimes one has to take the uncharted course without the patient's permission, and then the transgression is serious indeed, fraught with the gravest consequences. But when one can consult the sufferer from incurable disease, one finds that in the vast majority of cases he is both willing and anxious that the most remote chance should be tried. Indeed, sometimes

he will try to urge the surgeon on to attempt what cannot but end in dismal failure.

In some way, patients often seem to think that there is a special virtue in the unorthodox. It may be that the human mind prefers to believe in the miracle rather than admit the supremacy of the commonplace. It is the same spirit that leads many away from the regular medical profession to seek the services of the unregistered practitioner and the outright quack. And when transgression has to be confessed, it is usually the patient, even when he has suffered, who is far less censorious than one's professional brethren.

Yet it is, in the long run, the judgement of one's colleagues that matters most. Led on by some subtle conviction, one may cut across the normal line of conduct, and accidentally stumble on something that eventually proves itself of some importance. Then the orthodox develops from the unorthodox, and the transgressor of yesterday becomes the bold originator.

Who, then, can decide what is transgression and what is not? The rules may say one thing; the individual another; and since so much depends in medicine on the individual judgement, it is difficult to draw a line. For myself, I think there is one court of appeal to which reference must be made and which must always return a favourable verdict before the unusual course is taken.

That authority is one's own conscience. In medical matters, as in all things, it is the one true judge of what is right and wrong. Rules merely reflect the projection of a collective conscience; and because they are amalgams, there are often compromises. They can apply wholly to generalities, but not always in their entirety to individual cases.

And in medicine every patient is an individual, as I have striven time and again to show. One can never treat

him as something out of a textbook come to life, a mere materialization of an ideal state, no matter how typical his condition may be. One may say, indeed, as one examines such a patient: 'A classical example of this or that—a textbook case'; but if one acts on that and that alone, one has only oneself to blame if things do not go right. For the textbook describes the signs and symptoms, the findings of the research laboratories, what the microscope and the X-ray can see, and the biochemist discovers with his apparatus. It says nothing of that all-powerful factor the human personality and temperament, of which the doctor must form his opinion no less surely than of the physical items themselves.

One of the cases in these chapters told of the man who refused to die. His was indeed a textbook case; and the textbook said that nothing could be done. His individuality would not accept that ruling, and so, in the end, relief was brought to him. Here a personality was turning rules and findings upside down, giving them a new twist, showing them to be far from the ultimate wisdom they purported to be.

So it is that a doctor can appear to break the rules and, so far from betraying the highest ideals of his profession, actually enrich them. His purpose is to save life; if he cannot do that, he must prolong it; and even if that goal is denied him, he can at least work for the reduction of suffering and confer some sort of normal living on the patient. If he believes that he can achieve any of those aims, he may break the rules and transgress against established custom. He may offend the laws of medical ethics, of science, of Nature herself, as we understand them. But his own conscience will be clear. He is fulfilling his highest purpose to the best of his ability, and while he is doing that he need not fear censorious judgement or that

the path of the transgressor will be hard. Nor need he lack for courage. Courage and ideals will carry him through when all else fails, for they are living things, expressions of the human personality, and as such are more important than any set of rules.